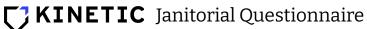


**Applicant information** 

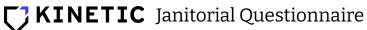
Supplemental to: Completed ACORD 130 Workers' Compensation Application

Applicant name		Effective date		
FEIN		Website		
Description of operations				
B. Management practices, operations, loss control, claims handling & benefits				
Any of the following services provided? If yes, please indicate %.			Yes	No
% Debris removal / Job site clean-up				
% Exterior window cleaning above ground level				
% Fire or Flood restoration				
% Gutter, Chimney, or Solar Panel cleaning				
% Hazardous material or bio-hazard clean-up				
% Industrial cleaning				
% Mold remediation				
% Residential cleaning				
% Snow removal				
Hours of operations			From:_	To:
Number of years in business with current ownership				
Does the insured provide employee group transportation?			Yes	No
Number of owned vehicles				
Any work from heights over 8 feet? If yes, describe:			Yes	No
What is the maximum weight employees are required to lift?				
Are 1099's used?			Yes	No
Do you verify workers comp coverage for independent contractors?			Yes	No
Do you provide vacation and sick time to all employees?			Yes	No
Employee turn ever percentage during the lest 10 months				0/



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Average hourly wage to employees in the governing class.	\$
C. Hiring Practices	
Written application	Yes No
Written job description	Yes No
Background/reference check	Yes No
Pre-hire drug testing	Yes No
Pre-hire physical fitness test	Yes No
Are personnel files documented for pre-existing injuries	Yes No
New employee orientation	Yes No
Is job specific safety training conducted?	Yes No
D. Safety Practices	
Formal injury & illness prevention program	Yes No
Quarterly (or more) safety meetings	Yes No
Quarterly (or more) safety training	Yes No
Employees required to wear non-slip shoes	Yes No
Personal Protective Equipment required	Yes No
E. Management practices, operations, loss control, claims handling & benefits	
Is there a FT risk/safety mgr employed whose job is 50%+ safety related?	Yes No
Is the owner active in daily operations?	Yes No
Is there a post-accident drug testing program for all workplace injuries?	Yes No
Is there a formal accident investigation and claims reporting process?	Yes No
Do more than 50% of employees receive group health that is 50% employer paid?	YesNo
Formal return to work program	Yes No
Safety incentive program in place	Yes No
Safety Committee with both employees and management	Yes No



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Are supervisors accountable for injuries and accidents?	Yes No
Is machinery and equipment properly guarded?	Yes No