



KINETIC Wholesale/Distributor Questionnaire

Supplemental to: Completed ACORD 130 Workers' Compensation Application

A. Applicant information			
Applicant name		Effective date	
FEIN		Website	
Description of operations			

B. Hiring Practices	
Written application	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written job description	<input type="checkbox"/> Yes <input type="checkbox"/> No
Background/reference check	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-hire drug testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-hire physical fitness test	<input type="checkbox"/> Yes <input type="checkbox"/> No
MVR Check	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. Safety Practices	
Formal injury & illness prevention program	<input type="checkbox"/> Yes <input type="checkbox"/> No
Formal return to work program	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quarterly (or more) safety meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quarterly (or more) safety training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety incentive plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clean Roadside Inspection Incentive	<input type="checkbox"/> Yes <input type="checkbox"/> No
GPS Devices (Installed & Used)	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Management Practices, Operations, Loss Control, Claims Handling & Benefits	
Is there a FT risk/safety mgr employed whose job is 50%+ safety related?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a post-accident drug testing program for all workplace injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a formal accident investigation and claims reporting process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do more than 50% of employees receive group health that is 50% employer paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Management Practices, Operations, Loss Control, Claims Handling & Benefits (continued)	
Do you provide vacation and sick time to all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are vehicles repaired and maintained by an outside vendor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do drivers inspect their vehicles prior to starting their delivery routes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is handheld cellphone use prohibited while driving delivery vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your drivers trained on 3 points of contact while exiting vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees required to wear proper Personal Protective Equipment (eyewear, gloves, non-slip protective shoes)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees encouraged to stretch prior to their workday?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are seatbelts checked for delivery vehicles and forklifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have forklift and pallet jack safety training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are forklift operators OSHA certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have lifting devices that assist employees with items weighing more than 50lbs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees trained on proper lifting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are delivery vehicles equipped with proper tires for snowy conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use an outside vendor for towing and roadside assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your facility have proper air ventilation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you construct your own pallets?	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. Fleet / Vehicles	
How often are vehicles inspected for maintenance and repair?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
How many vehicles do you have in your fleet?	
How many drivers do you employ?	
Maximum miles driven on route per driver?	