



HEALTHCARE, EDUCATIONAL & SOCIAL ASSISTANCE WORKERS COMPENSATION APPLICATION

Insured	Proposed Effective Date	Policy Expiration Date
Contact Person/Title		Federal Tax ID
Telephone Number	Fax Number	E-Mail
Location & Mailing Address		
Years in Business	No. of Locations	Operations Outside of State? <input type="checkbox"/> Yes <input type="checkbox"/> No

Officer Name	Title	% of Stock	Included/Excluded

Description of Operations

Safety Protocols & Exposures

Written blood borne pathogen safety protocols? <input type="checkbox"/> Y <input type="checkbox"/> N If not, are you willing to implement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Formal contact (fluid, solid, etc.) prevention policy <input type="checkbox"/> Y <input type="checkbox"/> N If not, are you willing to implement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a disease prevention policy? <input type="checkbox"/> Y <input type="checkbox"/> N If not, are you willing to implement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any exposure to toxic chemicals including mercury, methylmethacrylate & formaldehyde? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are proper lifting devices (hoyer lifts, etc.) used for the transfer and or transport of patients/residents? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the use of puncture resistant gloves, masks, and other PPE mandated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employee

How are employees paid? <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Piece Rate <input type="checkbox"/> Commission <input type="checkbox"/> Rent/Housing <input type="checkbox"/> Gifts <input type="checkbox"/> Bonuses <input type="checkbox"/> Other			Hours of Operations:
Formal employee training program? <input type="checkbox"/> Yes <input type="checkbox"/> No	12 hour shift maximum for all employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are any double shifts allowed for any employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any employee interchange involving job duties or multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is housing provided to employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are counselors and other similar employees properly licensed/certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of skilled employees (RN, LVN) non-skilled employees Skilled _____ Non-Skilled _____	"Live-in" care provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do employees rotate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Director/ Risk Manager Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name: _____	Drug Testing: <input type="checkbox"/> Pre-hire <input type="checkbox"/> Post-accident <input type="checkbox"/> Random	Pre/Post employment physicals? <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing Tests? <input type="checkbox"/> Yes <input type="checkbox"/> No	Independent Contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Do you collect certificates of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

Patient Demographic

Any work with any patients that have communicable diseases (i.e. HIV/AIDS, TB, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of residents/patients: Ambulatory _____ Non-Ambulatory _____	Percentage of mental health patients: _____	Does the insured specialize in the care of HIV/AIDS patients? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Driving/Transportation

Are MVR's checked for all drivers at least annually? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any mobile or off site services provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the radius of operations in excess of 100 miles? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any travel to other states or countries? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever any transportation of 3 or more employees in the same vehicle at the same time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are driver acceptability standards in place? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Description

Are there overnight trips (camping, field trips, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the risk a sanitarium? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are any drug, alcohol or other substance abuse rehabilitation programs provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
In regard to dental labs are there any smelting, melting, forging (or similar operations) of metals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the risk have any volunteer labor exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe _____	Does the facility have an internship program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe _____

Employment Category	Number of Employees
Doctor:	_____
Registered Nurse:	_____
Licensed Practical Nurse:	_____
Respiratory Therapist:	_____
Occupational Therapist:	_____
Physicians Assistant:	_____
All Other:	_____
Total:	_____

Number of Employees	
Full Time Employee:	_____
Part Time Employee:	_____
Per Diem Employee:	_____
Volunteer Employee:	_____
Intern Employee:	_____
All Other:	_____
Total:	_____

Class Code	Payroll	Number of Full-Time	Number of Part-Time

	Payroll Information	Premium Information
Current year		
Prior year		
Prior year		
Prior year		
Prior year		