

Company: _____

Workers' Compensation Questionnaire

YES NO

1	Does applicant own, operate or lease aircraft/watercraft?		
2	Does any past, present or discontinued operations which involve exposure to chemicals, painting or hazardous materials?		
3	Any work performed under, on or above water?		
4	Any work which may be subject to Jones Act, USL&H or FELA		
5	Any work performed underground or higher than 15 feet above ground?		
6	Any operations including excavation, tunneling, roadboring, earthmoving or other underground work?		
7	Any operations exposure to radioactive/nuclear materials?		
8	Any fatalities in the past 5 years?		
9	Is applicant involved in any business other than that specified in the description of operations?		
10	Does employee turnover exceed 30% annually?		
11	Do employees travel out of state or out of the country? If so, scope of travel?		
12	Any group travel, ride share programs, or tool or vehicle allowances provided?		
13	Are physicals required after offers of employment are made?		
14	Does the radius of operations vehicles exceed 200 miles?		
15	Are MRV's checked on all drivers?		
16	Is a "managed care" provider utilized?		
17	Is a written safety program in place? (Attach copy) If a program is in place, what is the schedule of safety meetings?		
18	Has applicant been inspected by OSHA in the past 3 years?		
19	Was applicant cited for any violations? If so, explain.		
20	Was applicant fined? If so, how much?		
21	Is a drug testing program in effect? (Attach copy)		
22	Is an early return/light duty policy in place?		
23	Does applicant "full pay" during periods of disability or reduced work?		
24	Are subcontractors used?		
25	If yes, are all subcontractors and their employees insured for Workers' Comp?		
26	Does applicant keep copies of their Certificates of Insurance?		
27	Any prior coverage declined, canceled or non-renewed in the past 3 years?		
28	What percentage of employees are enrolled in a group health plan?		

Signature

Print Name

Date

Company:

Workers' Compensation Questionnaire(continued)

On question 11, if you answered that your employees travel out of state or out of the country. Please use the space below to define the scope of their travels, and various locations they travel to.

On question 17, if you answered that you had in place a safety program. What is the schedule of your safety meetings, if any?

On question 19, if you answered that you have been cited for violations by the OSHA within the last three years. Please explain below the violations you were cited for.

On question 20, if you answered that you have been fined by the OSHA for violations within the last three years. Please state the total amount of all fines resulting from these violations: \$