

**SCHOOLS WORKERS COMPENSATION  
 SUPPLEMENTAL APPLICATION**

**ENTITY INFORMATION**

<b>Name of Entity:</b>	
<b>Effective Date:</b>	
<b>Need By Date:</b>	<b>Bid Date:</b>

**INSURED OPERATIONS AND EXPOSURES:**

Please check the box(s) which best describe this risk:

Elementary School   
 Middle School   
 High School   
 Day Care Center  
Boarding School   
 Night School   
 Public School   
 Private School   
 College/University  
Other:

A. Does the insured have volunteers? How many?                      Describe jobs of the volunteers  How are the volunteers declared by the Board of Directors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Are there intercontinental trips/programs offered? Describe the purpose, destination and number attending	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Does the insured offer camping programs or off-premises sports activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Does the school have protocols in place to address combative students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Is there a full time security force on campus?    Number of personnel	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Does local law enforcement patrol regularly?    Frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Does the school have metal detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Do they have athletic teams that travel in excess of 100 miles? If yes, describe travel	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Does the insured work above 6 feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. What controls are in place for working at heights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. Do you use any pesticides or herbicides that require a license to dispense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. Have there been any budget deficits or bond defaults in the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**EMPLOYEE MANAGEMENT:**

A. Employment applications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Pre-hire screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Reference checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Pre-employment physicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Pre-employment drug testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Post-accident drug testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. For cause drug testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. A substance abuse educational program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**EMPLOYEE PROFILE:**

Total Number of Employees:		
A. Number of: Full time:	Part time:	Temporary/seasonal:
B. Average number of years experience: Industry:		With school:
C. Number of employees with less than 1 year industry experience:		
D. Turnover rate per year:		

**LOSS PREVENTION:**

A. Are subcontractors utilized? If yes, are new certs obtained at the expiration dated on the cert?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Is there a written and documented safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Is safety training conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Is there an accident investigation program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Is there a self-inspection program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Does the applicant have a state approved drug-free workplace certification? If yes, enclose the current certificate. If no, is there a progressive disciplinary program for employees who violate safety procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

**EMPLOYEE SAFETY PROGRAM:**

A. Safety incentive plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Early return to work program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Documented physical inspections of premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Formal disciplinary procedure in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Maximum weight lifted manually      lbs	
F. List material handling aids	
G. Does insured provide employees with personal protective equipment or subsidize purchase?	<input type="checkbox"/> Yes <input type="checkbox"/> No

