



Senior Living Workers Compensation Supplemental Application

Name of Insured: _____ Company Website: _____
 Effective Date: _____ Expiration Date: _____
 Any change to the Normal Anniversary Date? _____ If yes, please explain: _____
 FEIN: _____

Has the insured had any OSHA citations in the last five years? yes no

Total FT EE: _____ Total PT EE: _____

Number of W2 forms issued last year: _____ Average hourly wage in governing class: \$ _____

Are there greater than 100 employees in any one location? yes no
If so, identify each location and provide total head count and payroll per location.

1) Premises:

Number of stories: _____
 Are interconnected smoke detectors in place? yes no
 Are fire extinguishers present? yes no
 Do security cameras record daily operations? yes no
 Is the building sprinklered? yes no
 Are there multiple means of egress? yes no
 Is there a fire/emergency evacuation plan in place? yes no

2) Benefits:

Is any accident or health insurance provided? _____
 Is disability insurance provided? yes no
 Is vacation provided? yes no
 Percentage of employees participating: _____
 Is sick leave provided? yes no
 Is a retirement/pension plan provided? yes no

3) General Safety:

Is a formal duty return to work (RTW) program in place? yes no
 Does RTW includes full wages? yes no
 Does the insured have a full time risk manager on staff? yes no
 Are safety meetings or training provided? yes no
 Are owners active in daily operations? yes no
 Are written job descriptions used? yes no
 Is there a safety incentive program in place? yes no

4) Hiring practices:

Are written applications used? yes no
 Is any leased or temporary labor used? yes no
 Is a drug/substance abuse program available? yes no
 Is there a new hire orientation program? yes no
 Is any volunteer labor used? yes no If yes, Number of volunteers: _____ Duties performed: _____
 Are Motor vehicle record checks performed? yes no
 Are personal vehicles used for company business? yes no
 Are Reference Checks performed? yes no
 Does it include a review of safety / Workers' Comp? yes no

5) Ergonomics program:

Does the insured apply ergonomics practices? yes no
 Is ergonomically flexible furniture used? yes no
 Are employees who perform repetitive motion duties rotated throughout the course of the day? yes no
 Is worksite analysis done to identify jobs and workstations that contribute to cumulative trauma problems? yes no
 If yes, answer questions below:



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6) Senior Living Safety:

Are training programs in place for new and existing employees, volunteers, and interns? yes no

If yes, list all that apply:

- Hazard Communication Training
- Strain Prevention / Proper Lifting Procedures
- OSHA Bloodborne Pathogens Standard
- Proper Use of Personal Protective Equipment
- Hazardous Substance Handling
- Other:

Describe moving, lifting and transporting patients:

Are employees tested for communicable diseases prior to hiring and periodically thereafter? yes no

Number of employees or volunteers under the age of 18 (eighteen)? Full Time: _____ Part Time: _____

Describe duties:

How long are shifts of the employees? Full Time: _____ Part Time: _____

Are employees permitted to hold similar employment with another employer while working for the insured?

Full Time Employees: yes no

Part Time Employees: yes no

Percentage of employees professionally licensed:

Number of: Doctors: _____

Nurse Practitioners: _____

Registered Nurses: _____

Licensed Practical Nurses: _____

Certified Nurses Assistants: _____

7) Ergonomics program:

Does the insured apply ergonomics practices? yes no If yes, answer questions below:

Is ergonomically flexible furniture used? yes no

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Is worksite analysis done to identify jobs and workstations that contribute to cumulative trauma problems? yes no

8) Janitorial exposure:

Does the insured have Janitors on staff? yes no

If yes, answer questions below:

Employees or subcontractors? yes no

Is there Heating/AC service? yes no

Is there any work from heights? yes no

Is there snow removal? yes no

Is there exterior glass cleaning? yes no

If yes, please provide details:

9) Landscaping exposure:

Does the insured have Landscapers or groundskeepers on staff? yes no

If yes, answer questions below:

Is there tree work? yes no

Is there snow removal? yes no

Is there any work from heights? yes no

If so, please provide details:

10) Foreign Exposure:

Does the insured have any foreign Workers' Compensation exposure? yes no

If so, please provide head count and payroll by country:

Prepared / Signed by: _____ Company: _____ Date: _____