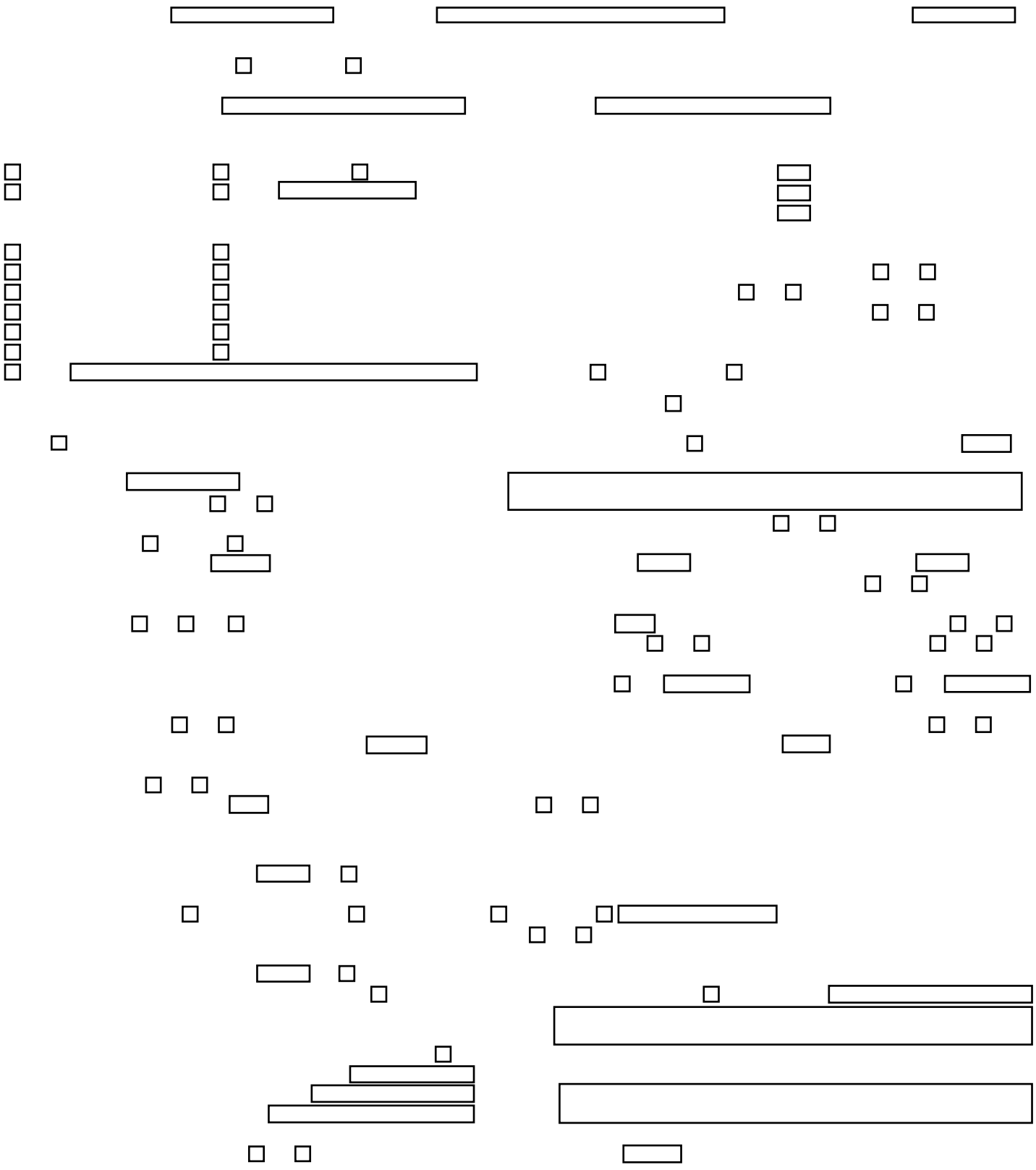
Reset Form Print Form



Claims Handling:

1) Is there a set procedure for reporting claims? Yes ☐ No ☐
2) Is there a formal written accident investigation report? Yes ☐ No ☐
3) Do you currently participate in a MPN program to control claim costs? Yes ☐ No ☐

Personnel Practices:

1) New-hire orientation program: Yes ☐ No ☐ Is the orientation documented? Yes ☐ No ☐
2) Owner is active in daily operations: Yes ☐ No ☐
3) Employee Handbook: Yes ☐ No ☐
4) Post-accident drug testing: Yes ☐ No ☐
5) Job specific training: Yes ☐ No ☐
6) Performance Appraisals: Yes ☐ No ☐
7) Wellness program in place: Yes ☐ No ☐
8) Are any of the following benefits provided?
   Medical: No ☐ Yes: Employer contribution: ____% Percentage of employees enrolled: ____%
   Retirement: No ☐ Yes: Employer contribution: ____% Percentage of employees enrolled: ____%
9) Any other information in regard to employee benefits? If so, please provide those details:

Employer-Employee Relationship:

1) Employee Turnover Rate (Annually): ____% Average Tenure of Employees (in # of years): ____
2) Number of employees hired:
   Full Time (annual): ____ Payroll Estimate: $____
   Part Time/Seasonal: ____ Payroll Estimate: $____
   No. of seasonal Employees: ____ Seasonal Employee Period (From Month: ____ to Month: ____)

Safety Program/Practices which are implemented and enforced:

1) Fall Protection Plan: Yes ☐ No ☐ N/A ☐
2) Heat and illness prevention program: Yes ☐ No ☐ N/A ☐
3) Extreme temperature program meets Cal OSHA Requirements: Yes ☐ No ☐ N/A ☐
4) Respiratory program: Yes ☐ No ☐ N/A ☐
5) Driver safety training plan: Yes ☐ No ☐ N/A ☐
6) Forklift training & safety plan: Yes ☐ No ☐ N/A ☐
   If Yes – Annual Certification required: Yes ☐ No ☐ N/A ☐
7) MSDS available for all chemicals/products used: Yes ☐ No ☐ N/A ☐
8) Written Lockout/Tag out/Block out Procedures: Yes ☐ No ☐ N/A ☐
9) Hazardous chemicals safety plan: Yes ☐ No ☐ N/A ☐
10) Confined spaces plan: Yes ☐ No ☐ N/A ☐
11) Active safety incentive program for all employees: Yes ☐ No ☐ N/A ☐
12) Are supervisors held accountable for a safe work environment? Yes ☐ No ☐ N/A ☐
13) Is there a dedicated full time safety manager? Yes ☐ No ☐ N/A ☐
    If Yes – Please provide:
    Name: ____ Title: ____
14) Safety meetings are conducted: ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Does not conduct Safety Meetings
    Are safety meetings documented? Yes ☐ No ☐
15) Personal Protective equipment provide to all employees: No ☐ Yes, please list types: ____
16) Employee to Supervisor ratio: ____ / ____
17) What loss prevention recommendations has the insured implemented? ☐ Loss control service has not been performed.

Year implemented: ____

Please explain...

Machinery and Equipment:

1) Please list the types of machinery/equipment used: ____ N/A ☐
2) Are all equipment operators certified? Yes ☐ No ☐
3) Is all machinery/equipment properly guarded: Yes ☐ No ☐
4) Age of equipment in years: ☐ 0-5 ☐ 5-10 ☐ 10-20 ☐ 20+
5) Condition of the equipment: ☐ Excellent ☐ Good ☐ Average ☐ Poor
6) Who is responsible for maintaining machinery? ☐ Insured ☐ Contractor ☐ Other: ____

Is there any other information about your company, operations, or practices you have implemented which could have an impact on mitigating injuries?