



Underwriting Questionnaire

DATE: \_\_\_\_\_ INSURED: \_\_\_\_\_
AGENCY: \_\_\_\_\_ ATTN: \_\_\_\_\_
APP/ POLICY #: \_\_\_\_\_ EFFECT: \_\_\_\_\_
FROM: \_\_\_\_\_ PHONE: \_\_\_\_\_
Employers Compensation Insurance Company

Description of operations:

- 1. Any work performed above 6 ft.? yes [ ] no [ ]
2. Any work performed below 4 ft. underground? yes [ ] no [ ]
3. Maximum weight lifted manually \_\_\_\_\_ lbs.
4. List any mechanical lifting devices used: \_\_\_\_\_
5. All machinery guarded yes [ ] no [ ]
6. Lock out/tag out program in place yes [ ] no [ ]
7. Hours of operations: \_\_\_\_\_
8. Please send copy of WCIRB physical inspection survey report where available.

Employee Information:

- 1. Does the insured provide Medical Benefits? yes [ ] no [ ]
Percentage employer pays: \_\_\_\_\_% Percentage ee's participating: \_\_\_\_\_%
2. Is sick time provided? yes [ ] no [ ]
3. Is vacation time provided? yes [ ] no [ ]
4. Percentage of annual turnover? \_\_\_\_\_%
5. Does insured take applications for potential employees? yes [ ] no [ ]
6. Does insured check potential employee references? yes [ ] no [ ]
7. Does insured require pre-hire physicals? yes [ ] no [ ]
8. Does insured require pre-hire drug testing or post hire drug testing? yes [ ] no [ ]

- 9. Are ee's notified of workers' comp benefits? yes [ ] no [ ]
10. Current number of fulltime and part-time employees per class:

Table with 4 columns: Class, Fulltime, Part-time, Payroll. Includes blank lines for data entry.

- 11. Average hourly/weekly wage in governing class: \$\_\_\_\_\_ per \_\_\_\_\_
12. Payroll Totals for each of the last four (4) years.

**Company Operated Vehicles:**

1. Number of drives: \_\_\_\_\_ vs. total number of employees \_\_\_\_\_
2. Radius of operations: \_\_\_\_\_
3. Are motor vehicle records checked? yes  no
4. Number of Autos: \_\_\_\_\_ Number of Trucks: \_\_\_\_\_
5. Delivery? yes  No  Percentage of product delivered: \_\_\_\_\_%

**Safety Organization Information:**

1. Does insured have an active safety program in compliance with SB198? yes  no
2. Documented safety meetings with all employees? yes  no   
How often? \_\_\_\_\_
3. Does insured have an **Early return to work** program? yes  no
4. Does insured have an employee training program? yes  no   
If so, types of training done: \_\_\_\_\_
5. Does insured have a safety incentive program? yes  no
6. Require use of protective equipment? yes  no   
What type? (i.e., safety shoes, gloves, eye/ear protection, lifting belts, etc.)

**Please provide website address:** \_\_\_\_\_

**Please return by:**