

Workers' Compensation Supplemental Questionnaire

Named Insured: _____ Policy Effective Date: _____

Do you currently have your General Liability Policy with NIP Group? Yes () No ()
 If yes, please provide Policy #: _____

1) List all states in which work is being performed:

2) How many crews are used? _____
 3) Is any Line Clearing work performed? Yes () No () What is the % of operation? _____ %

4) Is company certified for electrical work? Yes () No ()
 5) What special precautions are used when working around power lines?

6) How many years has this risk been in business, including owner's experience managing or running a like business? _____ (attach documentation of owner's experience)

7) Is a full time mechanic employed by the applicant? Yes () No ()

8) Who is responsible for the training and supervision of new and temporary employees?

9) Is there a full time safety manager employed by the applicant? Yes () No ()

- a) Is there a *formal and written* safety training program? Yes () No ()
- b) Is attendance mandatory? Yes () No ()
- c) Are they documented? If yes, provide example: Yes () No ()

10) Is there a tailgate or tool box safety program? Yes () No ()

11) Are employees required to attend classes on the proper operation, safe use and care of the applicant's equipment? Yes () No ()

12) Are employees required to physically demonstrate their ability to operate a piece of equipment before being allowed to work with it? Yes () No ()

13) How often is the equipment inspected? _____

14) Are all employees instructed on proper lifting practices? Yes () No ()

15) What is the insured's practice of recordkeeping for such things as:

- a) Violations of safety rules: _____
- b) Reports of company safety meetings: _____
- c) Reports of tailgate safety meetings: _____
- d) Equipment / vehicle maintenance: _____
- e) Accident Investigation: _____

16) List industry association memberships (TCIA, NGA, PLANET, LICA etc....):

17) List any safety accreditations or certifications earned:

18) Is pre-employment drug testing conducted? Yes () No ()

19) Are pre-employment physicals performed? Yes () No ()

20) Are pre/post-employment road tests conducted? Yes () No ()

21) How many days per year is day-labor used? _____

22) Is I-9 employment verification obtained? Yes () No ()

- 23) Does the company make health coverage available to their crews? Yes () No ()
 24) What percentage of employees participates in the health coverage? _____%
 25) Is there a light duty / return to work program for injured employees? Yes () No ()
 Describe: _____

26) Describe the types of services provided (*please include commercial work vs residential work percentages & installation vs maintenance percentages*):

27) Describe the types of machinery, equipment and tools utilized:

28) List/describe the personal safety gear issued by the employer:
(especially for Pesticide/Herbicide application)

- 29) Does employer use subcontractors? Yes () No ()
 a) If yes, are certificates of insurance obtained? Yes () No ()
 b) What is the percentage of work subcontracted? _____%

- 30) Does employer use independent contractors? Yes () No ()
 If yes, are they paid by 1099's? Yes () No ()

31) Does the insured complete Pesticide/Herbicide Application? Yes () No ()

32) Any work being performed below 8 feet? Yes () No ()

33) Any work performed above fifteen feet? Yes () No ()

34) What is the maximum height exposure? _____
 Please describe how heights are reached. (i.e. scaffolding, ladders, lifts or other exterior support equipment): _____

35) Hours of Operation: _____
 36) Number of Authorized drivers? _____ Number of Vehicles: _____

37) Type of Vehicles Driven: _____

38) Driving Radius: _____ Frequency of driving: _____

39) Frequency of MVR checks: _____

40) Do you have an automobile maintenance program in place? Yes () No ()

If yes, please describe: _____

41) Are employees allowed to drive company vehicles for personal use? Yes () No ()

If yes, when & who? _____

42) Is there any group transportation of employees? Yes () No ()

a) If yes, please provide type of vehicle used. _____

b) If yes, What is the maximum number of individuals transported? _____

43) Number of full time employees: _____ Number of part time employees: _____

44) Do employees travel out of state? Yes () No ()

If yes, where? How Often?: _____

45) Has any workers' compensation coverage been declined, cancelled or non-renewed in the prior three years? Yes () No ()

Owner's Signature: _____ Date: _____

Agency/Broker Name: _____