

WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION
(Complete if you are requesting a WC Quote)

1. Do you have an employee handbook explaining all policies and procedures? ☐ Yes ☐ No
2. Do you offer health benefits to full time employees? ☐ Yes ☐ No
3. Do you have a formal written safety program in place and provide ongoing training? ☐ Yes ☐ No
4. What is the employee turnover percentage on an annual basis? _____ %
5. Do you perform Drug and Alcohol screening?
 - a. Pre Hire? ☐ Yes ☐ No
 - b. Post Hire? ☐ Yes ☐ No
6. Do you provide material/lifting training? ☐ Yes ☐ No
 - a. What is the maximum weight lifted manually? _____ lbs.
7. Do you have a fall protection program? ☐ Yes ☐ No
 - a. What is the maximum height worked at? _____ feet
8. Are there quality control measures in place for housekeeping in both the front (public spaces) and the back (production floor/kitchen/office)? ☐ Yes ☐ No
9. Do you post notices of proper hygiene and provide appropriate training? ☐ Yes ☐ No
10. Do you provide personal protective equipment to employees and train on its proper use? ☐ Yes ☐ No
11. Do you have a return to work program? ☐ Yes ☐ No

Applicant's Signature: _____

Title: _____ Date: _____