



## 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: \_\_\_\_\_