



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 ()