ALLCOMP SOLUTIONS
THE WORKERS' COMPENSATION AUTHORITY

Social Service

Supplemental Application

Applicant Information

Applicant Name: _____

Address: _____

Website: _____ FEIN#: _____

Business Operations: Check all that apply

Community Organization	Assisted Living	Hospital
Medical Services	Retirement Home	Mental Health Services
Pregnancy Center	Visiting Nurse Service	Group Home
Physical/Occupational Therapy	Women's Shelter	Homeless Shelter

5 Yr Carrier History

Year	Carrier	Annual Premium	Payroll

Hiring Practices

Total number of employees: _____ Full Time _____ Part Time _____Volunteers

Hiring Process:

Yes	No	Pre-hire Drug Screens	Yes	No	Criminal Background Check
Yes	No	Reference Checks	Yes	No	MVR Checks
Yes	No	Written Application	Yes	No	Random Drug Testing

Is group medical provided to all employees? Yes No

Are there security personnel on staff? Yes No

Are they armed? Yes No

Describe the training process for security personnel: _____

Loss Prevention Management

Ongoing Employee Training?			Yes No
Return-to-Work program?			Yes No
Written Safety Program?			Yes No
Formal Safety Meetings?			Yes No
Accident Investigation Process?			Yes No
Substance Abuse Policy?			Yes No
Post-Accident Drug Testing?			Yes No
Requirement for Subcontractors to have Workers Compensation Coverage?			Yes No
Slip and Fall prevention?			Yes No
Full Time Safety Director?			Yes No
House Keeping – Cleanliness of operation?	Excellent	Good	Average
Condition of Equipment?	Excellent	Good	Average

# of days a week open?_____ # of shifts per day?_____

Average hourly wage of governing class:_____

Average annual turnover:_____%

Percentage of subcontracted work:_____%

What work is subcontracted? _____

Does the Insured provide Transportation? Yes No

If Yes, what is the percentage of that exposure? _____

Does the Insured provide room/boarding? Yes No

If Yes, what is the percentage of Clients boarded? _____

What procedures are in place for physical restraint? _____

Please indicate which of the following are applicable:

- Management's commitment to safety
- Personal Protective Equipment provided (slip resistant shoes, etc.)
- Insured provides group transportation to clients
- Safety Incentive Program

Lifting Program: Check those that apply:

- No manual lifting; Lifting done via medical devices and/or no lifting required
- Minimal lifting; Medical device lifting and/or team lifting requirement
- No formal lifting program in place

_____ _____ _____

Applicant Name (please print) Signature Date