



- 4) Post-accident drug testing: Yes No
- 5) Job specific training: Yes No
- 6) Performance Appraisals: Yes No
- 7) Wellness program in place: Yes No
- 8) Are any of the following benefits provided?
 Medical: No Yes: Employer contribution: _____% Percentage of employees enrolled: _____%
 Retirement: No Yes: Employer contribution: _____% Percentage of employees enrolled: _____%
- 9) Any other information in regard to employee benefits? If so, please provide those details:

Employer-Employee Relationship:

- 1) Employee Turnover Rate (Annually): _____% Average Tenure of Employees (in # of years): _____
- 2) Number of employees hired:
 Full Time (annual): _____ Payroll Estimate: \$ _____
 Part Time/Seasonal: _____ Payroll Estimate: \$ _____

 No. of seasonal Employees: _____
 Seasonal Employee Period (From Month: _____ to Month: _____)

Safety Program/Practices which are implemented and enforced:

- 1) Fall Protection Plan: Yes No N/A
- 2) Heat and illness prevention program: Yes No N/A
- 3) Respiratory program: Yes No N/A
- 4) Driver safety training plan: Yes No N/A
- 5) Forklift training & safety plan: Yes No N/A
- If Yes – Annual Certification required:** Yes No N/A
- 6) MSDS available for all chemicals/products used: Yes No N/A
- 7) Hazardous chemicals safety plan: Yes No N/A
- 8) Confined spaces plan: Yes No N/A
- 9) Active safety incentive program for all employees: Yes No N/A
- 10) Are supervisors held accountable for a safe work environment? Yes No N/A
- 11) Is there a dedicated full time safety manager? Yes No N/A

If Yes – Please provide:

Name: _____ Title: _____

- 12) Safety meetings are conducted: Daily Weekly Monthly Quarterly Does not conduct Safety Meetings
 Are safety meetings documented? Yes No
- 13) Personal Protective equipment provided to all employees: No Yes, please list types: _____
- 14) Employee to Supervisor ratio: _____ / _____
- 15) What loss prevention recommendations has the insured implemented? Loss control service has not been performed.

Year implemented: _____

[Text here]

Machinery and Equipment:

- 1) Are all equipment operators certified? Yes No
- 2) Age of equipment in years: 0-5 5-10 10-20 20+
- 3) Condition of the equipment: Excellent Good Average Poor
- 4) Who is responsible for maintaining machinery? Insured Contractor Other: _____

Is there any other information about your company, operations, or practices you have implemented which could have an impact on mitigating injuries?

[Text here]