



Workers' Compensation Supplemental – Health Care Industry

Insured Name: \_\_\_\_\_ Website: \_\_\_\_\_
Proposed Effective Date: \_\_\_\_\_ Normal Anniversary Eff. Date: \_\_\_\_\_
Loss Control Contact Name: \_\_\_\_\_ Telephone # \_\_\_\_\_
Federal Identification Number (FEIN) # \_\_\_\_\_
Does HCF currently control the Liability? Yes / No Property? Yes / No

Loss Experience: Provide 5 years of loss data valued within 90 days of proposed effective date.

Payroll Information: Provide historical payroll by class and most current X-Mod Worksheet.

Table with 5 columns: Code 8829, Code 9070, Code 8810, Code: \_\_\_\_\_, and a blank column. Rows for 2006 Year, 2005 Year, 2004 Year, 2003 Year, and 2002 Year.

Ownership:

Owners active in the daily operations? Yes / No.
If no, provide details: \_\_\_\_\_
Owners and Executive Officers to be included for Workers Comp Coverage? Yes / No
Years in Business under current ownership: \_\_\_\_\_ Years of Experience within industry: \_\_\_\_\_
If New ownership, provide the following:
Prior Entity Name: \_\_\_\_\_ Prior Entity X-Mod Worksheet.
Percentage of Employees hired from prior entity: \_\_\_\_\_%
Do current owners have other existing operations insured elsewhere? Yes / No.
If yes, provide details: \_\_\_\_\_

Operations:

Current number of Employees: \_\_\_\_\_ Number of current Locations: \_\_\_\_\_
Number of licensed Beds: \_\_\_\_\_ Number of Beds currently occupied: \_\_\_\_\_
Percentage of Private Pay clients: \_\_\_\_\_%
Average hourly wage for non-clerical staff: \$ \_\_\_\_\_/hr.
Pre-employment physicals? Yes / No
Written Safety program in place? Yes / No
Safety Incentive program in place? Yes / No
Is compensation for supervisors adjusted based on safety record? Yes / No
Safety Meetings held regularly with employees? Yes / No. If yes, how often? \_\_\_\_\_
Employee Training program in place? Yes / No
Hazardous Materials Communication program in place? Yes / No
Modified Work offered? Yes / No
No Lift policy in place? Yes / No
Number of Lifts on-site: \_\_\_\_\_
Percentage of Manual Crank Beds on-site: \_\_\_\_\_%