AmeriComp Recycling

Supplemental Application – Workers' Compensation

AMWINS PROGRAM UNDERWRITERS

Name of Applicant: _____ Company Website: _____

Effective Date: _____ Expiration Date: _____

Any change to the Normal Anniversary Date? _____ FEIN (please include all): _____

Has the applicant had any OSHA citations in the last five years? ☐ Yes ☐ No

Has the applicant had any EPA citations in the last five years? ☐ Yes ☐ No

Has the applicant had any occupational disease (OD) claims in the last five years? ☐ Yes ☐ No

Is the applicant a member of ISRI? ☐ Yes ☐ No

Is the applicant CAR Designated? ☐ Yes ☐ No

Is the applicant RIOS Designated? ☐ Yes ☐ No

Policy Year	Premium & Carrier	Payroll by State and Class Code
Expiring Year		
1st Prior Year		
2nd Prior Year		
3rd Prior Year		
4th Prior Year		

Total FT EE: _____ Total PT EE: _____ Total Full Time Equivalents: _____ Hours of operation: _____

Number of authorized drivers: _____ Number of vehicles: _____

Number of W2 forms issued last year: _____ Average hourly wage in governing class: $ _____

Is group (3+) transportation provided? ☐ Yes ☐ No Are there greater than 50 employees in any one location? ☐ Yes ☐ No

If so, identify each location and provide total head count and payroll per location.

Do any employees work from home? ☐ Yes ☐ No

Does the applicant have any foreign Workers' Compensation exposure? ☐ Yes ☐ No

If yes, please provide head count and number of days visited by country: _____

Financial:

For the most recent fiscal year-ended, please provide the following:

Net income: _____ Gross Revenue: _____

Total Assets: _____ Gross Revenue - Prior Year: _____

Total Equity: _____ Gross Revenue – Forecasted Current FY : _____

Has the applicant at any time filed for Chapter 7 or Chapter 11 bankruptcy? (If so, please provide details) ☐ Yes ☐ No

_____

_____

Premises:

Are interconnected smoke detectors in place? ☐ Yes ☐ No

Are fire extinguishers present? ☐ Yes ☐ No

Do security cameras record daily operations? ☐ Yes ☐ No

Are emergency eyewash stations present? ☐ Yes ☐ No

Is emergency lighting in place? ☐ Yes ☐ No

Years at current location: _____

Building is ☐ owned ☐ leased

Number of stories: _____

Is the building sprinklered? ☐ Yes ☐ No

Are there multiple means of egress? ☐ Yes ☐ No

Is there a fire/emergency evacuation plan in place? ☐ Yes ☐ No

Are security cameras in use in work areas? ☐ Yes ☐ No

Is there adequate ventilation in work areas? ☐ Yes ☐ No

Age of building occupied: _____

Equipment condition: ☐ New ☐ Good ☐ Other: _____

Number of Occupied Buildings: _____

Benefits:

Are all employees eligible? ☐ Yes ☐ No

Is group health insurance provided? ☐ Yes ☐ No

Name of healthcare provider: _____

Is disability insurance provided? ☐ Yes ☐ No

Is paid vacation provided? ☐ Yes ☐ No

If not, who is eligible? _____

Percentage of total employees participating: _____

Percentage paid by employer: _____

Is sick paid leave provided? ☐ Yes ☐ No

Is a retirement/pension plan provided? ☐ Yes ☐ No

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Hiring practices:

Are written applications used? ☐ Yes ☐ No
Are reference checks performed? ☐ Yes ☐ No
Is MVR screening criteria in place? ☐ Yes ☐ No
Are motor vehicle record checks performed? ☐ Yes ☐ No
Is any leased, volunteer, or temporary labor used? ☐ Yes ☐ No
Is drug testing part of the hiring process? ☐ Yes ☐ No
Is a drug/substance abuse program available? ☐ Yes ☐ No
Is the labor force unionized? ☐ Yes ☐ No
Number of employees under the age of 18 or over 60: _____
Full Time: _____ Part Time: _____

Do any employees work from home? ☐ Yes ☐ No
Are criminal background checks performed? ☐ Yes ☐ No
Are personnel files documented for pre-existing injuries? ☐ Yes ☐ No
Is there a new hire orientation program? ☐ Yes ☐ No
Does orientation include a review of safety / Workers' Comp? ☐ Yes ☐ No
Is orthopedic back screening provided? ☐ Yes ☐ No
Is physician screening provided? ☐ Yes ☐ No
Is any day labor or temp staffing used? ☐ Yes ☐ No
What is the employee : supervisor ratio? _____

Risk Management:

Is there a safety incentive program in place? ☐ Yes ☐ No
Is RTW modified duty provided to all EE? ☐ Yes ☐ No
Is a written safety program in place? ☐ Yes ☐ No
Does the insured have a full-time risk manager on staff? ☐ Yes ☐ No
Are safety meetings or training provided? ☐ Yes ☐ No
Are all workplace injuries investigated by a safety committee? ☐ Yes ☐ No
Is post-accident drug / substance abuse testing practiced? ☐ Yes ☐ No
Is all machinery guarded in compliance w/ OSHA standards? ☐ Yes ☐ No
Are subcontractors/independent contractors used? ☐ Yes ☐ No
Does employer agree to participate in the Carrier's medical provider network? ☐ Yes ☐ No

Is a light duty return to work (RTW) program in place? ☐ Yes ☐ No
Does RTW includes full wages? ☐ Yes ☐ No
Are owners active in daily operations? ☐ Yes ☐ No
Is an IIPP in place and enforced? ☐ Yes ☐ No
If so, are certificates of Work Comp insurance obtained? ☐ Yes ☐ No

Operations:

Are personal vehicles used for company business? ☐ Yes ☐ No
Are any company vehicles taken home at night? ☐ Yes ☐ No
Is there any out of state travel? ☐ Yes ☐ No
Is any work done off-site? ☐ Yes ☐ No
If so, please describe the activities along with the frequency of the work and what tools/equipment may be used.

_____
_____

How often is your equipment inspected? _____
Who inspects the equipment and what qualifications does this person have? _____

If your operation includes the collection of roll off containers, please describe this operation and the associated safety controls in place. Please include mention of loading/unloading and tie down:

_____
_____

Does your operation perform torch cutting or welding? ☐ Yes ☐ No
If so, please describe your safety protocols for this practice. Also note the safety controls in place for open flame cutting or welding near flammable materials:

_____
_____

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Does your facility actively screen for the following materials?

- ☐ Anything containing PCB's (light ballasts, capacitors, transformers etc.)
- ☐ Anything containing CFC's
- ☐ Potentially radioactive material
- ☐ Heavy metals
- ☐ Precious metals
- ☐ Airbags (sodium azide)
- ☐ Asbestos

Safety Training:

Has the applicant signed the ISRI Safety Pledge? ☐ Yes ☐ No

Are training programs in place for new and existing employees? ☐ Yes ☐ No

If yes, list all that apply:

- ☐ New Hire Orientation/ Safety Training
- ☐ Hazard Communication Training
- ☐ Lock-Out /Tag-Out Training
- ☐ Hazardous Substance Handling
- ☐ OSHA Blood borne pathogens safety (auto dismantlers)
- ☐ Proper Use of Personal Protective Equipment
- ☐ Strain Prevention / Proper Lifting Procedures
- ☐ Mobile Equipment Safety
- ☐ Forklift & heavy machinery operators are certified
- ☐ Emergency Evacuation
- ☐ Driver Safety Training
- ☐ Prompt compliance with loss control recommendations
- ☐ Other: _____

Frequency of Training: _____

PPE Provided and/or required:

- ☐ Steel toe boots
- ☐ Gloves
- ☐ Protective eyewear
- ☐ Hearing protection
- ☐ Hardhat
- ☐ Welder's apron
- ☐ Welder's shield & helmet
- ☐ Lifting straps
- ☐ Safety belt / Back brace
- ☐ Respiratory equipment
- ☐ Other: _____

Ergonomics program:

Is ergonomically flexible furniture used? ☐ Yes ☐ No

Are employees who perform repetitive motion duties rotated to different tasks throughout the course of the day? ☐ Yes ☐ No

Is worksite analysis conducted to identify jobs and workstations that contribute to cumulative trauma problems? ☐ Yes ☐ No

Are conveyors and sorting lines set at a such a height to as to avoid bending, stooping, straining? ☐ Yes ☐ No

Large Loss History:

Has the insured had any losses greater than $25,000 in the past five years? ☐ Yes ☐ No

If yes, please provide details below.

Claimant Name: _____ Date of loss: _____

Position at time of loss: _____ ☐ Open ☐ Closed ☐ Litigated

Paid: _____ Indemnity: _____ Medical: _____ Expense: _____

Incurred: _____ Indemnity: _____ Medical: _____ Expense: _____

Did the insured make any changes in operations as a result of this loss? ☐ Yes ☐ No

Please explain: _____

Prepared by: _____ Title: _____ Date: _____

Signature: _____