

SEND SUBMISSIONS TO:

MICHIGAN  
coverxuw@coverx.com

Producer: \_\_\_\_\_

Producer Is:  Wholesaler  Retailer

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

If Renewal, Provide Current Policy No.: \_\_\_\_\_

## WORKERS COMPENSATION SUPPLEMENT

### Information Required with Submission: [please attach]

1. Acord Workers Compensation Application.
2. Premium and loss statements currently valued within past 90 days [4 years required].
3. Most current experience mod worksheet.

If Alarm Operations Exist – Are there any installers performing at heights above 20 feet?  Yes  No

Do you adhere to strict “observe and report” guidelines?  Yes  No

If No, please explain: \_\_\_\_\_

How many employees are armed? \_\_\_\_\_

Who owns the weapons for the armed employees? \_\_\_\_\_

Describe your gun control program: \_\_\_\_\_

Are any employees over the age of 60?  Yes  No If Yes, how many? \_\_\_\_\_

If Yes, please explain their job responsibilities: \_\_\_\_\_

Are physicals required?  Yes  No

How many autos are used in your business? \_\_\_\_\_ Are MVR's obtained annually?  Yes  No

Has any insurer cancelled or refused to renew within the past three years?  Yes  No

If Yes, please explain: \_\_\_\_\_

### Does your company have the following:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. A written drug and alcohol policy?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Do you do criminal background checks?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. A written safety & training program?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. A vehicle safety program for drivers & vehicles?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. A designated safety coordinator?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Prompt reporting of all employee injuries?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. A formal accident review & investigation program?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Any group transportation involved?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Transitional duty/light duty program in place for injured workers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Physicals required at time of hiring?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Random drug testing takes place?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Are employees provided health plans?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| m. Any work performed by subcontractors?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |