



## SUPPLEMENTAL QUESTIONNAIRE

Account: \_\_\_\_\_ Effective Date: \_\_\_\_\_

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

### Payroll and Premium History

	<u>Payrolls</u>	<u>Premium</u>
Expiring Term	_____	_____
First Prior Term	_____	_____
Second Prior Term	_____	_____
Third Prior Term	_____	_____
Fourth Prior Term	_____	_____

### Safety

Yes   No

Safety Committee

Written Safety Plan

Written Safety Policy

(Copy of index required)

Light Duty Available

Training for Lifting, Ergonomics, etc.

Full time Safety Director

Accident Log

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Hiring Procedures**

Yes   No

- References Checked
- MVR Checked Prior to Hiring and Annually
- Drug Screening
- Pre-Employment Physicals
- Probationary/Training Period

Minimum Experience Required: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee Benefits**

**Yes   No**

- Health Insurance
- Long-Term Disability
- Short-Term Disability
- Life Insurance
- Pension Plan/401K
- Paid Vacation Days
- Paid Sick Days

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Pertinent Questions**

- |   |
|---|
| 1. What is the turnover rate on average for the past three years? |
| 2. Are there any drivers on the payroll, and if so, how many?     |
| 3. What is the radius of operations?                              |
| 4. Other markets solicited?                                       |

\_\_\_\_\_  
Broker Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date