



Small USL&H Program Supplemental Application

Please submit this application along with the ACORD 125 and ACORD WC Application, and 5 years loss runs.

Applicant's Information

Named Insured:			
Insured Contact*:		Phone:	
Physical Address:			
Mailing Address:			
FEIN:		D&B # (if known):	

*As a broker, we will never call your insured directly. This information is provided to underwriters for purposes of audit coordination.

Core Questions

<input type="checkbox"/> Yes <input type="checkbox"/> No	Was the applicant's Workers Compensation insurance ever cancelled for fraud, misrepresentation or failure to report claims and/or compensable accidents?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant have any employees less than 16 years of age or does the applicant hire laborers not recorded in the books and records (off the books labor)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the risk have any exposure to underground mining operations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the applicant currently in bankruptcy or declared bankruptcy within the last 3 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an entity working on pollution clean-up in the Gulf?

Supplemental Questions

1. Describe the insured's hiring and screening process.	
2. What type of training program does the insured have for new employees and to what extent are supervisors involved?	
3. Does the insured have a formal Return to work program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the insured have a Substance Abuse Screening Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes:) Pre hire <input type="checkbox"/> Yes <input type="checkbox"/> No Random <input type="checkbox"/> Yes <input type="checkbox"/> No Post accident <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the insured have a formal written safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, are supervisors and employees held accountable for following the program? <input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer to either of the above questions is no, please explain why:

(Continued from prior page)



6. Is management committed to safety and portrays a positive attitude and will work with our Loss Control Consultants complying with recommendations to create a safe work place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. List the employer paid benefits & those the employee may participate in:	1. 2. 3. 4.
8. What is the average turnover rate for:	Employees? _____ per year Managers & Supervisors? _____ per year
9. Please provide average employee:	Tenure: _____ Age Range: _____ Experience Level: _____
10. a. Number of Full time Employees:	10. b. Number of part-time/ seasonal employees:
11. How would you describe the overall employee relations at this company?	
12. Are the employees:	<input type="checkbox"/> Union <input type="checkbox"/> Non-Union
Any critical events such as change of ownership, management turnover, reorganization, layoffs, bankruptcy etc. in the last three years? If so, please describe the applicable details.	
13. Has the company had any loss control services performed in the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, have they complied with all of the recommendations? <input type="checkbox"/> Yes <input type="checkbox"/> No
List any recommendations/ changes they have made in their safety program that would improve their overall safety results:	

(Continued from prior page)



If you are a new entity operating in the Gulf for pollution clean-up, please complete the following:

What type of work are you performing:	
Where will the work take place, specifically?	
Who will perform the work?*	<input type="checkbox"/> Insured's own employees <input type="checkbox"/> Subcontractors or employees of subcontractors <input type="checkbox"/> Temp employees employed by Labor contractors
Will applicant OWN a vessel used in the clean-up response work? (If yes, please describe.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will applicant OPERATE a vessel used in the cleanup response work? (If yes, please describe.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will applicant employ anyone to perform work on board a vessel (owned or operated by the applicant OR by anyone else)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, who owns the vessel? What work is performed from the vessel? How far out to sea will the vessel travel?
What kind of training and safety measures are used regarding toxic materials?	
The EPA has specific safety equipment that must be used. Does the applicant have this equipment, been trained on usage and have a system for enforcing usage?	<input type="checkbox"/> Yes <input type="checkbox"/> No

** Note- for work performed by anyone other than the insured's own employees, we will need to see evidence of their employers' WC, USL&H, OCSLA and Maritime Coverage insurance.

