

## USL&H SUPPLEMENTAL APPLICATION

Date \_\_\_\_\_

1. Describe the insureds 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?  Yes  No

4. Does the insured have a Substance Abuse Screening Program?  Yes  No

Pre hire  Yes  No

Random  Yes  No

Post accident  Yes  No

5. Does the insured have a formal written safety program?  Yes  No

If so, are supervisors and employees held accountable for following the program?  Yes  No

If answer to either is no, please explain why:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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?  Yes  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? \_\_\_\_\_ / year

Managers & Supervisors? \_\_\_\_\_ / year

9. What is the average employee tenure \_\_\_\_\_, age range \_\_\_\_\_, and experience level \_\_\_\_\_?

10. Number of full time employees \_\_\_\_\_

Number of part-time / seasonal employees \_\_\_\_\_

11. How would you describe the overall employee relations at this company?

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12. Are the employees:  Union  Non-union

13. 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:

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14. Has the company had any loss control services performed in the last three years?  Yes  No

If so, have they complied with all recommendations?  Yes  No

List any recommendations / changes they have made in their safety program that would improve their overall safety results:

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You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_