MUNICIPALITY WORKERS COMPENSATION SUPPLEMENTAL APPLICATION

NAME OF MUNICIPALITY: ____ Policy Effective Date: _________

Percentage of work subcontracted: ______% Type of work subcontracted: ____
Are Certificates of Insurance, evidencing WC coverage, required and obtained from all subcontractors? ☐ Yes ☐ No
Describe any other physical or contractual controls in place over subcontractors: ____
Do you lease workers? ☐ Yes ☐ No
If yes, describe type of labor leased and identify leasing company: ____
Who is responsible to provide Workers Compensation coverage to leased workers? ☐ Leasing company ☐ you
Do you lease workers to others? ☐ Yes ☐ No If yes, explain: ____
If yes, who is responsible to provide Workers Compensation coverage to leased workers? ☐ Client company ☐ you

HIRING AND EMPLOYMENT PRACTICES:

Pre-Hire Physicals	☐ Yes ☐ No		Complete Application	☐ Yes ☐ No
Post-Hire Physicals	☐ Yes ☐ No		References Checked	☐ Yes ☐ No
Pre-Hire Drug Screen	☐ Yes ☐ No		Random Drug Testing	☐ Yes ☐ No
Drug/Alcohol Rehab Program	☐ Yes ☐ No		Written Personnel Procedures	☐ Yes ☐ No

Total number of employees: Full Time:_______ Part Time: _______ Seasonal: ______ Volunteers: _____ Union? ☐ Yes ☐ No
Total number of policemen: Full Time:_______ Part Time: _______ Seasonal: ______ Volunteers: _____
Total number of park police Full Time:_______ Part Time: _______ Seasonal: ______ Volunteers: _____
Total number of sheriffs Full Time:_______ Part Time: _______ Seasonal: ______ Volunteers: _____

List the Fire Department(s) located within the Municipality____
____
For each department, provide a roster of all Paid and Vol. FF on a separate sheet to include NAME and DATE OF BIRTH
Total number of firemen: Full Time:_______ Part Time: _______ Seasonal: ______ Volunteers: _____
Total number of Volunteer fireman who have attained the NFPA 1001 Firefighter 1 designation: _____

List the name(s) of the EMS Companies authorized by the municipality to provide services___________________________
____
For each EMS Company, provide a roster of all members on a separate sheet to include NAME and DATE OF BIRTH
Total number of EMS: Full Time:_______ Part Time: _______ Seasonal: ______ Volunteers: _____

Has the municipality filed any Act 46 (cancer claims) ☐ Yes ☐ No (if yes provide details and claim status)

Are the municipal employees exposed to any of the following types of operations or activities?
☐ Trash or Refuse Collection ☐ workfare programs ☐ Water Treatment Plants ☐ Animal Control

Please Explain:____

PAYROLL INFORMATION:

Policy Term	Total Payroll	Total Premium	Audited Payroll?
Expiring	$	---------	---------
1st prior	$	$	☐ Yes ☐ No
2nd prior	$	$	☐ Yes ☐ No
3rd prior	$	$	☐ Yes ☐ No
4th prior	$	$	☐ Yes ☐ No

Vehicle and Driving Exposure:

Identify the number of municipality vehicles ____ PPTs ____ P/Us ____ Med. & Heavy Trucks ___ Tractors
Identify the number of police vehicles ____
Identify the number of fire trucks ____
Identify the number of ambulances ____
Number of regular drivers of municipality vehicles: ______
Number of employees who regularly drive their own vehicles on municipality business: _____
Are Motor Vehicle Records (MVRs) checked on all municipality drivers? ☐ Yes ☐ No
If No, explain: ______________________________

BENEFITS:

Group Medical: ☐ Yes ☐ No Eligible employees: ☐ Full Time only ☐ All employees, including Part Time employees
Percent Paid by Employer: _____ %

Disability Insurance provided? ☐ Yes ☐ No Paid sick days? ☐ Yes ☐ No
Other Benefit Programs: ______________________________

WORKERS COMPENSATION MEDICAL PROVIDER:

☐ Clinic ☐ Physician ☐ Emergency Room

Does the Insured use a specific medical provider or network to treat injured employees? ☐ Yes ☐ No
If yes, please identify the provider or network: ______________________________

LOSS CONTROL AND SAFETY:

Risk Manager ☐ Yes ☐ No ☐ Full Time ☐ Part Time
Safety Director ☐ Yes ☐ No ☐ Full Time ☐ Part Time

Name and title of person(s) responsible for safety: ______________________________

Written Safety Program? ☐ Yes ☐ No

Can modified or light duty be provided ☐ Yes ☐ No

Is insured willing to implement loss control recommendations made by the insurer? ☐ Yes ☐ No
Safety meetings held regularly with employees? ☐ Yes ☐ No
Is there a certified PA. Dept. of Labor Safety Committee in place? ☐ Yes ☐ No
Accident review program? ☐ Yes ☐ No Hazard identification training? ☐ Yes ☐ No
Equipment inspection / maintenance program? ☐ Yes ☐ No If yes, describe: ______________________________
Lock Out / Tag Out program in place? ☐ Yes ☐ No

Personal Protective Equipment: ☐ Required ☐ Recommended ☐ Not Required or Recommended
Describe personal protective equipment used: ______________________________

Does Insured conduct periodic Fire and Emergency evacuation drills? ☐ Yes ☐ No
During these drills does the insured account for all employees? ☐ Yes ☐ No

Has Insured reviewed US Postal Service guidelines for handling suspicious mail and packages? ☐ Yes ☐ No
Violence intervention program? ☐ Yes ☐ No
Drug / Alcohol awareness program? ☐ Yes ☐ No