



School District Supplemental Application

Account Name: _____

Effective Date: _____

Number of employees: _____ Full-time _____ Part-time

- Operations subcontracted: [] Food service [] Facilities/Maintenance/Grounds [] Other

When do the union contracts expire? _____

Do you have a Panel of Physicians posted at each location? Yes [] No []

If no, are you willing to work with the insurance carrier to implement a panel? Yes [] No [] (Physician Panels can be beneficial in having employees treated quicker and getting them back to work as soon as possible.)

Is someone assigned the responsibility to monitor the Safety and Loss prevention program? Yes [] No []

If yes, please provide name: _____

Return to Work (Modified Light Duty)

Do you have a written Return to Work program? Yes [] No []

If No, are employees brought back to work with restrictions after a work related injury? Yes [] No []

Please explain: _____

Are you willing to cooperate with us in the development of a written Return to Work Program? Yes [] No []

Do you currently have any employees working modified/light duty? Yes [] No []

Have there been any instances in the past where modified duty could not be accommodated? Yes [] No []

If yes, please explain: _____

Is someone assigned the responsibility to coordinate and monitor the Return to Work Activities? Yes [] No []

If yes, please provide name: _____

Are there any union restrictions with bringing employees back to work with restrictions? Yes [] No []

If yes, please explain: _____

Do the unions support bringing employees back to light duty? Yes No

Is the light duty program included as part of the union contract? Yes No

Safety Committee

Do you have a safety committee? Yes No

How often does the safety committee meet? Once a month
 Quarterly
 Other _____

Is the safety committee PA Certified? Yes No

Please indicate the date of last meeting: _____

Does the Superintendent or Business manager sit on the safety committee? Yes No

Accident Prevention

Are self-inspections completed at each building in order to identify safety hazards? Yes No

Please indicate the date of last inspection: _____

Are accidents investigated? Yes No

What is the pre-employment screening process? Application Reference checks
(check all that apply) In person interviews
 Physicals
 Drug/alcohol tests
 Criminal background checks

Power Vehicles - Information/Safety

Who provides bus transportation? School district (its employees)
 Contracted to a third party

Number of vehicles: _____ Buses _____ Passenger Vans _____ Light Trucks _____ Private Passenger

Number of employees involved with operating vehicles: _____

Are driver licenses checked for any employee permitted to drive a vehicle for company use? Yes No

Are Motor Vehicle Reports obtained for all drivers? Yes No

Miscellaneous

Do any buildings have asbestos? Yes No

If yes, how is asbestos handled in the buildings? _____

Have there been any mold/indoor air quality issues? Yes No

Do you have a Crisis Management Plan? Yes No

If yes, does it address action(s) to be taken to deal with an "Active Shooter"? Yes No

Is the Crisis Management Plan practiced? Yes No

If yes, when was the last practice? _____

Maintenance workers are responsible for the following:

Please check all that apply

- Carpentry
- Electrical work
- Grounds keeping
- Plumbing
- Painting
- Roofing
- Snow removal

Does the school district operate any of the following?

- Bucket truck
- Back hoe/excavator
- Sewage treatment plant

Claims

Please provide details for any claim over \$25,000. (Attach a separate sheet if necessary)

Please include the following if possible: How did the injury occur? Was an accident investigation completed? What changes were made to prevent future claims of this type? Was the employee offered light duty? Is this claimant currently working light duty? Is this claimant still an employee?

Please provide comments on any other pertinent risk information:

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company, or files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Insured Signature: _____

Date: _____