

MUNICIPALITY WORKERS COMPENSATION SUPPLEMENTAL APPLICATION 2018

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

Post-Hire Physicals Yes No

Pre-Hire Drug Screen Yes No

Drug/Alcohol Rehab Program Yes No

Return to Work Program Yes No

Complete Application Yes No

References Checked Yes No

Random Drug Testing 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: _____

Does the Fire Department have a HAZMAT response team Yes No

Does the Fire Department have a water rescue team Yes No

Does Fire Department have a Jr Fire fighter program Yes No number of Jr Fireman _____

Please list non firefighting activities run by the fire department (Parades, Charity events, fund raising events - gambling, pancake breakfast, donut sales etc). _____

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 | \$ | \$ | |
| 1 st prior | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 nd prior | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 rd prior | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 th prior | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> N |

Vehicle and Driving Exposure:

Identify the number of municipality vehicles ____ PPTs ____ P/Us ____ Med. & Heavy Trucks ____ Tractors
 Identify the number of police vehicles ____

Total number of Fire Trucks ____ Number of Ladder Trucks and max height of each ____

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: _____

If Police Department part of the town do they have a vehicle pursuit policy in place? Yes No

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