



AmTrust North America
An AmTrust Financial Company

**WATER AUTHORITY /SEWER AUTHORITY WORKERS COMPENSATION
SUPPLEMENTAL APPLICATION 2020**

NAMED INSURED: _____ **Policy Effective Date:** _____

OPERATIONS: Hours of Operation: _____ to _____ Number of days per week: _____

Overtime: None Occasionally Often

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? If yes, explain: _____

If yes, who is responsible to provide Workers Compensation coverage to leased workers? client company you

Vehicle and Driving Exposure:

Identify number of company vehicles ____ PPTs ____ P/Us ____ Med. & Heavy Trucks ____ Tractors

Number of regular drivers of company vehicles: _____

Number of employees who regularly drive their own vehicles on company business: _____

Percent of travel that exceeds a 150 mile radius? _____%

Are Motor Vehicle Records (MVRs) checked on all company drivers? Yes No

If No, explain: _____

Total number of employees: Full Time: _____ Part Time: _____ Seasonal: _____ Union? Yes No

What is the size of the pumping station _____

How many miles of piping are there _____

Do employees repair all pipe breaks Yes No

Do employees repair emergency pipe breaks

If yes, are the employees aware of proper trenching procedures and personal protective equipment Yes No

Who does new pipe construction _____

How many sub-stations or booster pumps are there _____

Do they have below ground or confined space areas Yes No

Are the employees trained in confined space operating procedures Yes No Are they followed Yes No

How many water towers are there _____

Is there a surface reservoir Yes No

Does the water authority/sewer authority own/operate any boats Yes No

If yes, explain: _____

Do they have their own water treatment plant Yes No

PAYROLL INFORMATION:

<u>Policy Term</u>	<u>Total Payroll</u>	<u>Total Premium</u>	<u>Audited Payroll?</u>
Current year	\$	-----	-----
1 st prior year	\$	\$	-----
2 nd prior year	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 rd prior year	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 th prior year	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 th prior year	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> N

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 Return to Work Program Yes No
Written Personnel Procedures Yes No Can modified or light duty be provided Yes No

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

Safety incentive program? Yes No Is compensation to supervisors adjusted based on safety record? Yes No

Does the Insured require immediate Loss Control or Engineering services? Yes No

Is Insured willing to implement loss control recommendations made by the insurer? Yes No

Are supervisors trained in safety education? Yes No If yes, how frequently? _____

Safety meetings held regularly with employees? Yes No Is there a certified safety committee in place? Yes No

Accident review program? Yes No Hazard identification training? Yes No

Hazardous Materials Communication program in place? Yes No

Describe equipment used: State of Art Standard for Industry Modified to Standard

Equipment inspection / maintenance program? Yes No If yes, describe: _____

Any ergonomic concerns with your equipment or machinery now or in the past? Yes No If yes, please describe: _____

Machine guarding exposure: All Properly Guarded Partially Guarded* Minimal / No Guarding*

*Describe machinery or equipment lacking guarding: _____

Lock Out / Tag Out program in place? Yes No

Personal Protective Equipment: Required Recommended Not Required or Recommended

Describe personal protective equipment used: _____

Lifting Exposure: Less than 10 pounds 11 to 40 lbs. 40 to 60 lbs. Over 60 lbs.

Describe lifting and any mechanical aids: _____

Formal safe lifting training or program? Yes No

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

Any premises or jobsite security provided? Yes No If yes, please describe: _____