



SUPPLEMENTAL QUESTIONNAIRE

Account: _____ Effective Date: _____

Broker: _____ Fax: _____

Payroll and Premium History

	<u>Payrolls</u>	<u>Premium</u>
Expiring Term	_____	_____
First Prior Term	_____	_____
Second Prior Term	_____	_____
Third Prior Term	_____	_____
Fourth Prior Term	_____	_____

Safety

Yes No

- Safety Committee
- Written Safety Plan
- Written Safety Policy (Copy of index required)
- Light Duty Available
- Training for Lifting, Ergonomics, etc.
- Full time Safety Director
- Accident Log

Comments: _____



Hiring Procedures

Yes No

- References Checked
- MVR Checked Prior to Hiring and Annually
- Drug Screening
- Pre-Employment Physicals
- Probationary/Training Period

Minimum Experience Required: _____

Comments: _____

Employee Benefits

Yes **No**

- Health Insurance
- Long-Term Disability
- Short-Term Disability
- Life Insurance
- Pension Plan/401K
- Paid Vacation Days
- Paid Sick Days

Comments: _____

Other Pertinent Questions

- | |
|---|
| 1. What is the turnover rate on average for the past three years? |
| 2. Are there any drivers on the payroll, and if so, how many? |
| 3. What is the radius of operations? |
| 4. Other markets solicited? |

Broker Name

Signature

Date