
Workers' Compensation Questionnaire

Organization Name _____

WC Effective Date _____

Staff

Name of Executive Director: _____

Years as Executive Director: _____

Total number of employees: _____ Full time: _____ Part time: _____

Has there been a change in the organization's leadership? Yes No

If yes, please explain: _____

Operations

Are there operations in WA, WY, ND or OH? Yes No

If yes, please explain: _____

Do you provide security personnel at any of your locations, programs or events? Yes No

If yes, explain (include specifics on location/program/event, number of staff, armed/unarmed, employed or contract, security firm or off-duty police officers, etc.): _____

Do you operate a residential camp? Yes No

Is the residential camp accredited by the American Camp Association? Yes No

Do you provide any of the following programming?

Post-adjudication juvenile detention services	Yes	No
Jet-ski operations	Yes	No
Activities on ocean waters	Yes	No
White water rafting	Yes	No
Snow or water skiing	Yes	No
Care and grooming of saddle animals	Yes	No
Rock climbing (other than simulated rock climbing)	Yes	No
Ice climbing	Yes	No
Caving	Yes	No
Competitive gymnastics	Yes	No
Any ropes courses or ziplines owned, operated or utilized	Yes	No

If yes, please describe: _____

Have any lost time claims resulted from any of the above activities in the last 3 years? Yes No

If yes, provide details: _____

What is the maximum height of your climbing tower, high ropes course, zipline? _____

Are there staff stationed on any of these? Yes No

Where are they positioned? _____

What safety precautions are taken for their safety? _____

Do you use a powerboat for any reason? Yes No

For what purpose? _____

What is the horsepower of the engine? _____

Are personal flotation devices (PFDs) worn by all staff? _____

Operations Continued

Do staff handle fireworks? Yes No

If yes, describe activity and frequency: _____

Do you do any work with at-risk youth or gang intervention? Yes No

If yes, provide details: _____

Have staff been trained on how to restrain participants safely, if necessary? Yes No

If yes, provide details: _____

Do you provide any home care for the elderly and/or disabled? Yes No

If yes, provide details: _____

Are there circumstances for the maintenance staff to go on the roof? Yes No

If yes, describe the circumstances and the protocol in place for their safety: _____

Is access to the roof internal or external? Internal External

Describe: _____

Is there a commercial grade kitchen on the premises? Yes No

Are all the staff who use the kitchen trained on proper use and handling of equipment and utensils? Yes No

Travel

Do any employees ever travel outside the United States for work? Yes No

If yes, provide job functions, number of staff, frequency and duration of travel, country/countries traveled to, and nature of work: _____

If yes, do you have a separate policy to cover staff while working in other countries? Yes No

Volunteers

Do any of the volunteers receive compensation (almost anything of value, including free or reduced cost memberships, meals, mileage, gift cards or certificates, discounts, store merchandise, room and board, etc.)? Yes No

If yes, explain (please be specific, including number of volunteers): _____

Do you require your volunteers to sign a waiver regarding Workers' Compensation? Yes No

Have any volunteers filed Workers' Compensation claims within the last three years? Yes No

If yes, provide details: _____

Contracted Work

Describe all work contracted to others (include contracted program staff and other contractors performing work for the organization): _____

Contracted Work Continued

Are certificates of insurance requested? Yes No

Explain the procedures for providing 1099 forms and/or obtaining and monitoring certificates of insurance: _____

Vehicle Operations

Do you regularly operate buses and/or passenger vans? Yes No

If yes, please explain: _____

Do you regularly transport groups of employees (>3) to and from locations? Yes No

If yes, please explain: _____

Safety and Risk Management

Do you have a written Employee Safety Program? Yes No

Is there a Safety Committee that meets at least semi-annually? Yes No

Do you have a written drug-free workplace program that includes drug testing? Yes No

Has a primary medical facility been selected? Yes No

Do you have a written light duty/return to work program? Yes No

Do you report all employee injuries to the Workers' Compensation carrier? Yes No

If no, explain: _____

Safety and Risk Management Continued

Premium, Payroll, Experience Modification

	Policy Year	Premium	Payroll	Experience Mod
Next Year				
This Year				
Previous Years				

Provide number of employees or percentage of payroll by department:

	#	%
Cafeteria/restaurant of food services operations	_____	_____
Housekeeping for room rental	_____	_____
Janitorial	_____	_____
Bus or van drivers	_____	_____
Security personnel	_____	_____
Athletic coaches/trainers	_____	_____
Counselors	_____	_____
Day care or pre-school workers	_____	_____
Care providers for the elderly or disabled	_____	_____
General administrative or clerical	_____	_____
Full-time and part-time life guards	_____	_____
Other	_____	_____

If other, please describe: _____

Claims and Risk Management Contact Information

Maintaining the correct contact information allows us to more swiftly respond to any claims. Please provide details of key contacts below:

Claims Name: _____

Phone: _____ Email: _____

Risk Management Name: _____

Phone: _____ Email: _____

Complete and Sign

Please print and sign below and submit the completed supplement and any attachments, along with a completed Workers' Compensation Acord application, four full years plus current year carrier loss runs and current experience modification worksheet.

Print Name: _____

Signature: _____

Title: _____

Date: _____