

Workers' Compensation Renewal Questionnaire

Organization Name _____

WC Effective Date _____

Staff

Estimated renewal payroll by classification:

Class Code	Description	Established Payroll
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Operations Updates

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

If yes, please explain: _____

Have there been any changes in your employee safety practices or protocols? Yes No

If yes, please describe: _____

New programs added during the past year? Yes No

If yes, please describe: _____

Operations Updates Continued

New programs planned for the upcoming year? Yes No

If yes, please describe: _____

New branches or camps added during the past year? Yes No

New branches or camps planned for the upcoming year? Yes No

If yes to either, please describe: _____

New off-site programs added during the past year? Yes No

New off-site programs planned for the upcoming year? Yes No

If yes to either, please describe: _____

Safety and Risk Management

Number of times the Safety Committee met over the past year? _____

Were there any incidents involving volunteers over the past year? Yes No

If yes, please provide details: _____

Will any staff members be traveling outside the United States in the upcoming year? 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

Changes in Contact Information

Maintaining the correct contact information allows us to more swiftly respond to any claims. Have there been any changes in contact info? Yes No

If so, please provide updated information:

Claims Name: _____

Phone: _____ Email: _____

Risk Management Name: _____

Phone: _____ Email: _____

Complete and Sign

The information contained in this document is true and accurate, and completed to the best of my knowledge and ability.

Print Name: _____

Signature: _____

Title: _____

Date: _____