

Workers' Compensation Supplemental Questionnaire

Name of Insured _____

WC Effective Date _____

Staff

Name of Executive Director: _____

Years as Executive Director: _____

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

Claims and Risk Management Contact Information

Name of Claims Contact: _____

Phone: _____ Email: _____

Name of Risk Management Contact: _____

Phone: _____ Email: _____

Premium, Payroll, Experience Modification

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

Essentials

Is there a formal Employee Safety Program in place?	Yes	No	N/A
Is there a formal Employee Safety Committee that meets at least semi-annually?	Yes	No	N/A
Are employee safety issues part of departmental meetings?	Yes	No	N/A
Are there regular Employee Safety Inspections by department heads?	Yes	No	N/A
Is there a formal Return to Work Program in place?	Yes	No	N/A
Has a Primary Medical Facility (MPN) been established?	Yes	No	N/A
Is there a process in place to report claims within 48 hours?	Yes	No	N/A
Are all incidents/claims investigated and discussed internally?	Yes	No	N/A

Please comment on any negative responses or actions to be taken:

General Exposures

Are all employees put through an employee safety orientation and training within 60 days of employment?	Yes	No	N/A
Is there a formal Drug Free Workplace Program in place?	Yes	No	N/A
Are volunteers required to sign a waiver of liability?	Yes	No	N/A
Are volunteers given remunerations for their time?	Yes	No	N/A
Are Personal Protection Equipment (PPE) available to all employees as required?	Yes	No	N/A
Is usage of PPE required and enforced?	Yes	No	N/A
Is the general housekeeping of the facility(s) in good order?	Yes	No	N/A
Are certificates of insurance obtained?	Yes	No	N/A

Please comment on any negative responses or actions to be taken:

Overall Training

Will The Redwoods Institute be utilized for employee safety training?	Yes	No	N/A
Are all pertinent staff aware/trained in the OSHA Hazard Communication Standards?	Yes	No	N/A
Are all pertinent staff aware/trained in the OSHA Bloodborne Pathogen Standards?	Yes	No	N/A

Are all staff trained in identifying slip/trip/fall hazards?	Yes	No	N/A
Are all staff trained in proper lifting techniques?	Yes	No	N/A
Are all staff trained in First Aid and CPR?	Yes	No	N/A

Please comment on any negative responses or actions to be taken:

Commercial Kitchen Exposures

Are all staff trained in using all appliances?	Yes	No	N/A
Are all staff trained in handling/sharpening knives?	Yes	No	N/A
Are all cleaning solvents properly labeled?	Yes	No	N/A
Is there a plan in place for regularly cleaning the hood and duct system?	Yes	No	N/A
Is there a policy prohibiting non kitchen staff from being in the kitchen and/or dish room?	Yes	No	N/A

Please comment on any negative responses or actions to be taken:

Maintenance Exposures

Are all maintenance staff trained in proper lifting?	Yes	No	N/A
Are all maintenance staff trained in proper ladder safety?	Yes	No	N/A
Does maintenance handle snow removal?	Yes	No	N/A
Are power tools used by maintenance personal?	Yes	No	N/A
Is proper PPE used when power tools are in use?	Yes	No	N/A
Is there a Lock Out/Tag Out Program in place?	Yes	No	N/A
Are flammable materials stored in an OSHA approved flammable storage container?	Yes	No	N/A

List the responsibilities of the Maintenance Department:

Please comment on any negative responses or actions to be taken:

Transportation Exposures

Do you provide transportation?	Yes	No	N/A
Do you perform regular maintenance, mechanical evaluations, and safety checks on all owned vehicles and/or ensure that these inspections are performed on all leased and rented vehicles?	Yes	No	N/A
Do you use golf carts and/or gators?	Yes	No	N/A

Driver Qualifications

Are all drivers 21 years of age or older?	Yes	No	N/A
Do you perform annual MVRs on all drivers?	Yes	No	N/A
Do all drivers have at least 3 years of driving experience?	Yes	No	N/A

Driver Training

Do all drivers participate in a documented defensive driving course at least every three years?	Yes	No	N/A
Do you provide golf cart safety and training to all operators?	Yes	No	N/A

Personal Owned Vehicles for Camp Business

Do you allow personal owned vehicles to be used for business?	Yes	No	N/A
---	-----	----	-----

Please comment on any negative responses or actions to be taken:

Aquatic Exposures

Do you have an Aquatics Program?	Yes	No	N/A
Are all aquatics staff certified lifeguards and/or instructors?	Yes	No	N/A
Are precautions taken to prevent slip/trip/fall hazards throughout the day?	Yes	No	N/A
For outdoor pools, is proper sun protection required for lifeguards?	Yes	No	N/A
For outdoor pools, are lifeguards required to have a regular means of hydration (water, sports drink, etc.)?	Yes	No	N/A

Pool Maintenance

Is there an eyewash station within 10 feet of pool chemicals?	Yes	No	N/A
Are SDS sheets posted near areas where pool chemicals are stored?	Yes	No	N/A
Are all proper PPE available for handling pool chemicals?	Yes	No	N/A
Are the pool pumps within a confined space area?	Yes	No	N/A
Are all proper safety precautions taken: lighting, ventilation, lock out/tag out?	Yes	No	N/A

Natural Body of Water

Does camp use natural bodies of water for aquatics programming?	Yes	No	N/A
Are lifeguards/staff required to set up the swim area daily?	Yes	No	N/A
Are lifeguards/staff required to move boats, canoes, and kayaks?	Yes	No	N/A
Please comment on any negative responses or actions to be taken:			

Daycare Exposures

Do you provide daycare services?	Yes	No	N/A
Are proper staff to child ratios maintained?	Yes	No	N/A
Are toys picked up throughout the day to reduce slip/trip/fall exposures?	Yes	No	N/A
Are all pertinent staff instructed in the concept of "Engaged Play"?	Yes	No	N/A
Are staff trained in proper lifting techniques?	Yes	No	N/A
Are proper PPE provided to staff for handling cleaning agents?	Yes	No	N/A
Are staff provided the necessary items to safeguard themselves from communicable diseases?	Yes	No	N/A
Please comment on any negative responses or actions to be taken:			

Day Camp and Overnight Camp Exposures

Is there a day camp/overnight camp exposure?	Yes	No	N/A
Is the camp accredited by American Camp Association (ACA)?	Yes	No	N/A
Are the proper staff to child ratios maintained?	Yes	No	N/A
Is there a Camp Nurse on staff?	Yes	No	N/A
Is there a medical facility within 10 miles of the camp?	Yes	No	N/A
Are all counselors trained/experienced in working with children?	Yes	No	N/A
Are all counselors instructed in the concept of "Engaged Play"?	Yes	No	N/A
For outdoor activities, is proper sun protection/shade available for counselors?	Yes	No	N/A
For outdoor activities, are counselors required to have a regular means of hydration (water, sports drink, etc.)?	Yes	No	N/A
Are staff trained in proper lifting techniques?	Yes	No	N/A

Are staff required to wear closed-toed shoes?	Yes	No	N/A
Are the grounds, paths, and buildings in good repair and maintained?	Yes	No	N/A

Please comment on any negative responses or actions to be taken:

Sport and Outdoor Activity Exposures

Are all pertinent staff trained in the sports activities they are responsible for?	Yes	No	N/A
Do you have a gymnastics program?	Yes	No	N/A
Are all pertinent staff trained in proper "spotting" techniques?	Yes	No	N/A
Are all pertinent staff trained in ropes courses, shooting sports, and riding/boating activities?	Yes	No	N/A
Do you have an equestrian program?	Yes	No	N/A

Please comment on any negative responses or actions to be taken:

Rental Group Exposures

Does the camp rent to outside groups?	Yes	No	N/A
Does the camp staff directly lead and supervise all aquatics, adventure and/or target sport programs?	Yes	No	N/A
Are outside groups required to show proof of insurance?	Yes	No	N/A

Please comment on any negative responses or actions to be taken:

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: _____

Form revised 8/11/22