



# Worker's Compensation Supplemental Application

Complete the following information to receive a quote from NWPA NTMA Group Worker's Compensation Plan.

Company Name \_\_\_\_\_

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Locations (list addresses for additional Locations)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Title \_\_\_\_\_

Contact Email \_\_\_\_\_

Contact Phone \_\_\_\_\_

Contact Fax \_\_\_\_\_

Total number of employees \_\_\_\_\_

Federal Employer Identification Number (FEIN) \_\_\_\_\_

Exposure Information

	Total Annual Payroll	Number of Employees
Shop		
Office/Administration		
Outside Sales		
Other		

Please provide a description of workers' compensation claims over the past 5 years (if claims have occurred, please provide currently valued loss runs)

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Please provide detailed description of operations including employees' duties.

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Hours of operation? \_\_\_\_\_

Are employees unionized? YES NO

List types of machines used by this risk

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What types of products are manufactured? Please indicate size and weight range of finished products as well any material handling aids used in moving the objects

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Do employees perform any off-site repair or installation of equipment? If yes, please explain.

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List Personal Protective Equipment used at this shop

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Is there a dust or fume exposure from the types of metals used? If yes, is there an adequate ventilation system to control this exposure? Please describe.

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Is there any welding done? YES NO

Is there welding of stainless steel? YES NO

Have the noise levels been tested? YES NO  
If yes, when was the last testing and what were the results?

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Is a formal hearing conservation program in place? YES NO

Is there a lock out tag out program? YES NO

What types of machine guarding are in place (guards, light curtains, two-hand paddles, etc.) and how is the use enforced?

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Are all forklift operators certified? \_\_\_\_\_

Regarding fleet:

- a. Number of trucks \_\_\_\_\_
- b. Number of drivers \_\_\_\_\_
- c. Are MVR's obtained? How often? \_\_\_\_\_
- d. What is the policy for dealing with unfavorable MVR reports? \_\_\_\_\_
- e. Who performs vehicle maintenance? \_\_\_\_\_
- f. If maintenance is done in-house:
  - i. Number of mechanics: \_\_\_\_\_
  - ii. Describe types of work they do \_\_\_\_\_

Please indicate whether the following are in place:	Yes	No
g. Medical panel	_____	_____
h. Modified duty	_____	_____
i. Safety incentive program	_____	_____
j. Post offer drug testing	_____	_____
k. Post accident drug testing	_____	_____

What is the estimated annual turnover percentage? \_\_\_\_\_

Describe new employee training protocol

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