



CIS Healthcare Workers Compensation Supplemental Application

Name of Insured: _____ Company Website: _____
 Effective Date: _____ Expiration Date: _____
 Has the insured had any OSHA citations in the last five years? yes no
 Total FT EE: _____ Total PT EE: _____
 Are there greater than 100 employees in any one location? yes no
 Patient-To-Nurse Ratio (Staff-To-Client Ratio): _____

Benefits:

Is any accident or health insurance provided? _____
 Is disability insurance provided? yes no
 Percentage of employees participating: _____
 Is sick leave provided? yes no

General Safety:

Is a formal duty return to work (RTW) program in place? yes no
 Are owners active in daily operations? yes no
 Are written job descriptions used? yes no
 Is there a safety incentive program in place? yes no
 Are safety meetings or training provided? yes no
 Does the insured have a full time risk manager on staff? yes no
 Any janitorial duties performed by employees? yes no
 Any landscaping duties performed by employees? yes no
 Any food preparation duties performed by employees? yes no

Hiring Practices:

Are written applications used? yes no
 Are Criminal Background Checks performed? yes no
 Is there a new hire orientation program? yes no Does it include a review of safety / Workers' Comp? yes no
 Any leased or temporary labor used? yes no
 Any volunteer labor used? yes no If yes, Number of volunteers: _____ Duties performed: _____
 Are Reference Checks performed? yes no
 Pre-Hire Drug Testing? yes no



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Senior Living Safety:

Are training programs in place for new and existing employees, volunteers, and interns? yes no

If yes, list all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Hazard Communication Training | <input type="checkbox"/> Proper Use of Personal Protective Equipment |
| <input type="checkbox"/> Strain Prevention / Proper Lifting Procedures | <input type="checkbox"/> Hazardous Substance Handling |
| <input type="checkbox"/> OSHA Bloodborne Pathogens Standard | <input type="checkbox"/> Other: |

Describe moving, lifting and transporting patient process:

Are patient lifting devices used (Hoyer patient lifts or similar)? yes no

If so, how many are being used at facility?

Are employees tested for communicable diseases prior to hiring and periodically thereafter? yes no

Number of employees or volunteers under the age of 18 (eighteen)? Full Time: _____ Part Time: _____

Describe duties:

Are employees asked to work overtime hours or extra shifts? yes no If so, how often?

Percentage of employees professionally licensed:

Number of Doctors: _____

Nurse Practitioners: _____

Registered Nurses: _____

Licensed Practical Nurses: _____

Certified Nurses Assistants: _____

Vehicle/Driving exposure:

Is there any driving exposure? yes no (If yes, complete questions below)

Are Motor vehicle record checks performed? yes no

Are personal vehicles used for company business? yes no

Written driver training guidelines? yes no

Number of Drivers: _____

Average number of miles driven per month per driver: _____

Post Loss Practices:

Post accident drug testing? yes no

Injured workers treated on-site? yes no

Accident Investigation Program? yes no

All injuries reported to your insurance carrier? yes no

Prepared /
Signed by: _____

Company: _____

Date: _____