



## Workers' Compensation Supplemental Questionnaire

Named Insured: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_  
 Do you currently have your General Liability Policy with NIP Group? Yes ( ) No ( )  
 If yes, please provide Policy # \_\_\_\_\_

1) List all states in which work is being performed:  
 \_\_\_\_\_

- 2) How many crews are used? \_\_\_\_\_
- 3) Is any Line Clearing work performed? Yes ( ) No ( )  
 a) If yes, what percentage of the work is line clearance? \_\_\_\_\_ %  
 b) Is company certified for electrical work? Yes ( ) No ( )
- 4) What special precautions are used when working around power lines?  
 \_\_\_\_\_  
 \_\_\_\_\_

- 5) How many years has this risk been in business (including owner's experience managing or running a like business)? \_\_\_\_\_ (attach documentation of owner's experience)
- 6) Is a full time mechanic employed by the applicant? Yes ( ) No ( )
- 7) Who is responsible for the training and supervision of new and temporary employees?  
 \_\_\_\_\_

- 8) Is there a full time safety manager employed by the applicant? Yes ( ) No ( )  
 a) Is there a safety training program? If yes, attach copy Yes ( ) No ( )  
 b) Is attendance mandatory? Yes ( ) No ( )  
 c) Are they documented? If yes, provide example: Yes ( ) No ( )

- 9) Is there a tailgate or tool box safety programs? Yes ( ) No ( )
- 10) Are employees required to attend classes on the proper operation, safe use and care of the applicant's equipment? Yes ( ) No ( )
- 11) Are employees required to physically demonstrate their ability to operate a piece of equipment before being allowed to work with it? Yes ( ) No ( )
- 12) How often is the equipment inspected? \_\_\_\_\_
- 13) Are all employees instructed on proper lifting practices? Yes ( ) No ( )

- 14) What is the insured's practice of recordkeeping for such things as:  
 a) Violations of safety rules: \_\_\_\_\_  
 b) Reports of company safety meetings: \_\_\_\_\_  
 c) Reports of tailgate safety meetings: \_\_\_\_\_  
 d) Equipment / vehicle maintenance: \_\_\_\_\_  
 e) Accident Investigation: \_\_\_\_\_

15) List industry association memberships (TCIA, NGA, PLANET, LICA etc....):  
 \_\_\_\_\_  
 \_\_\_\_\_

16) List any safety accreditations or certifications earned:  
 \_\_\_\_\_  
 \_\_\_\_\_

- 17) Is pre-employment drug testing conducted? Yes ( ) No ( )
- 18) Are pre-employment physicals performed? Yes ( ) No ( )

- 19) Are pre/post-employment road tests conducted? Yes ( ) No ( )
- 20) How many days per year is day-labor used? \_\_\_\_\_
- 21) Is I-9 employment verification obtained? Yes ( ) No ( )
- 22) Does the company make health coverage available to their crews? Yes ( ) No ( )
- 23) What percentage of employees participates in the health coverage? \_\_\_\_\_
- 24) Is there a light duty / return to work program for injured employees? Yes ( ) No ( )  
(attach copy)

25) Describe the types of services provided:  
 \_\_\_\_\_  
 \_\_\_\_\_

26) Describe the types of machinery, equipment and tools utilized:  
 \_\_\_\_\_  
 \_\_\_\_\_

27) List / describe the personal safety gear issued by the employer?  
 \_\_\_\_\_  
 \_\_\_\_\_

- 28) Does employer use subcontractors? Yes ( ) No ( )
  - a) If yes, are certificates of insurance obtained? Yes ( ) No ( )
  - b) What is the percentage of work subcontracted? \_\_\_\_\_%
- 29) Does employer use independent contractors? Yes ( ) No ( )  
If yes, are they paid by 1099's? Yes ( ) No ( )
- 30) Any work performed above fifteen feet? Yes ( ) No ( )
- 31) Any work performed above thirty feet? Yes ( ) No ( )
- 32) Any work being performed below 8 feet? Yes ( ) No ( )
- 33) Any use of scaffolding, ladders, lifts or other exterior support equipment used for work over 15 feet or 2 stories? Yes ( ) No ( )

Lists: \_\_\_\_\_

- 34) Hours of Operation: \_\_\_\_\_
- 35) Number of Authorized drivers? \_\_\_\_\_ Number of Vehicles: \_\_\_\_\_
- 36) Type of Vehicles Driven: \_\_\_\_\_
- 37) Driving Radius: \_\_\_\_\_ Frequency of driving: \_\_\_\_\_
- 38) Frequency of MVR checks: \_\_\_\_\_
- 39) Do you have an automobile maintenance program in place? Yes ( ) No ( )  
If yes, please describe: \_\_\_\_\_
- 40) Are employees allowed to drive company vehicles for personal use? Yes ( ) No ( )  
If yes, when & who? \_\_\_\_\_

- 41) Number of full time employees: \_\_\_\_\_
- 42) Number of part time employees: \_\_\_\_\_
- 43) Do employees travel out of state? Yes ( ) No ( )  
If yes, where? How Often: \_\_\_\_\_

- 44) Has any workers' compensation coverage been declined, cancelled or non-renewed in the prior three years? Yes ( ) No ( )

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency/Broker Name: \_\_\_\_\_