

Dairy Supplemental Questionnaire

Please Print or Type

Policy Information	
Company	Date
Company contact person	Title
WCF agent or marketing rep.	Years in business

Medical Facilities	
Do you utilize a designated medical provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a light duty / return to work program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Formal or Informal? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you willing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employee Hiring / Retention	
Number of current employees	Number of W2s last year
Check all that apply:	
<input type="checkbox"/> Employment application	<input type="checkbox"/> References verification
<input type="checkbox"/> Post accident drug testing	<input type="checkbox"/> Training / orientation
<input type="checkbox"/> Medical	<input type="checkbox"/> Vision
<input type="checkbox"/> Long-term disability	<input type="checkbox"/> Wellness/fitness program
<input type="checkbox"/> Paid vacation	<input type="checkbox"/> FMLA
Check any employment benefits you offer	
<input type="checkbox"/> Dental	<input type="checkbox"/> Short-term disability
<input type="checkbox"/> Life insurance	<input type="checkbox"/> Sick leave
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Other employment standards	
<input type="checkbox"/> Conduct drug testing for cause	<input type="checkbox"/> Conduct drug testing at random
<input type="checkbox"/> Employee handbook includes work / safety rules	<input type="checkbox"/> Employee handbook includes disciplinary policy for rule violations

Safety	
Do you have a written safety program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year established
Name and title of person in charge of safety	
Have you implemented IDA's safety training program? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please provide a copy of certification.)</i>	
Check all elements included in your safety program:	
<input type="checkbox"/> Hazard communication	<input type="checkbox"/> Lockout/tagout
<input type="checkbox"/> Fall protection	<input type="checkbox"/> Electrical safety
<input type="checkbox"/> Hearing Conservation	<input type="checkbox"/> Safety meetings
<input type="checkbox"/> Equipment Operation	

Dairy Farm

Is housing provided? <input type="checkbox"/> Yes <input type="checkbox"/> No — If yes, number of employees housed _____	H2A used? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does all farm machinery have safety guards intact? <input type="checkbox"/> Yes <input type="checkbox"/> No Average age of machinery _____	Is there any group transportation of employees (5 or more in 1 vehicle) <input type="checkbox"/> Yes <input type="checkbox"/> No
Do any family members work in operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any work off premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any non-dairy farming ops? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Number of milkings per day? _____	What is the size of dairy herd? _____
Milking barns – <input type="checkbox"/> Flat? <input type="checkbox"/> Elevated? <input type="checkbox"/> Herringbone? <input type="checkbox"/> Rotary/Carousel? <input type="checkbox"/> Parallel? <input type="checkbox"/> Robotic milkers?	
Lagoon Safety controls – check all that apply:	
<input type="checkbox"/> Fence	<input type="checkbox"/> Signage
<input type="checkbox"/> Vehicle / Equipment Barriers	<input type="checkbox"/> Flotation device
<input type="checkbox"/> H ₂ S monitors	<input type="checkbox"/> Lagoon safety training
<input type="checkbox"/> Wind socks	
Average length of employee shift _____	Average hourly wage \$ _____/ hr
Check all that apply: <input type="checkbox"/> raised for beef? <input type="checkbox"/> used for breeding?	
Number of bulls? _____ Max age of bulls _____	Are any bulls used in the dairy operation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any confined space exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No — If yes, please provide details on separate page – include copy of written procedures and details of Confined Spaces Training.	

Note: All information provided is subject to verification by way of an underwriting survey or inspection. We must be notified of any significant change in operations or payroll.

Signature of applicant: _____ Date: _____

Title: _____

Contact number: _____

Insurance coverage in all states other than Utah is provided by WCF National Insurance Company, formerly known as Advantage Workers Compensation Insurance Company, a wholly owned subsidiary of WCF Mutual Insurance Company. WCF National Insurance Company is domiciled in Utah; NAIC No. 40517. Administrative office: P.O. Box 571918, Salt Lake City, UT 84157-1918.