ADVANTAGE
WORKERS COMPENSATION INSURANCE CO.

GENERAL BUSINESS SUPPLEMENTAL QUESTIONNAIRE

Please Print or Type

1 Policy Information

Company	Date
Company Contact Person	Title
WCF Agent or Marketing Rep	Policy Number

2 Physical Location

Describe your business's operations (i.e. products / services, processes, distribution, etc.):

List any operation changes during the past year:

Rate your housekeeping (i.e. cleanliness / sanitation) Poor | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Exceptional

Do you have a formal machinery and equipment maintenance program? Yes No

3 Medical Facilities

Do you utilize WCF preferred provider medical facilities? Yes No

If no, are you willing? Yes No

4 Employee Hiring / Retention

Number of Current Employees:

Number of W2s Last Year:

- Employment Application
- References Verification
- Post-Offer Physical
- Drug Testing
- Post Accident Drug Testing
- Training / Orientation
- Other

Check Any Employment Benefits You Offer

- Medical
- Dental
- Vision
- Short-term disability
- Long-term disability
- Life insurance
- Wellness / fitness program
- Sick leave
- Paid vacation
- FMLA
- Other ____________________

Other Employment Standards

- Conduct drug testing for cause
- Conduct drug testing at random
- Employee handbook includes work / safety rules
- Employee handbook includes disciplinary policy for rule violations
- Union shop

5 Safety

Do you have a written safety program in place? Yes No

Year established

Name of safety director

Describe directors safety experience:

Check all elements included in your safety program

- Hazard communication
- Lockout/tagout
- Hearing Conservation
- Safety meetings
- Fall protection
- Electrical safety
- Excavation
- Equipment Operation

5 Safety (cont'd)

Safety committee, describe responsibilities

Incentives / contests, describe

Accident investigations, title of investigator(s)

Personal protective equipment, list equipment required and enforced

Describe any recent changes, additions or modifications to your safety program

Have you had any OSHA Violations in the past 5 years? Yes No
If yes, list violations

Do you have an early return to work program established? Yes No	Year established	Modified duty position? Yes No

6 Claims

List your three largest sources of workers compensation claims (e.g., slips and falls, cuts, ergonomics, etc.) and any preventive measure(s) you have taken:

A	Source
	Preventive measure(s)
B	Source
	Preventive measure(s)
C	Source
	Preventive measure(s)

7 Miscellaneous

List any significant changes planned for the next year

Any additional comments you consider important to this questionnaire

Print Name	Signature	Date

Insurance coverage in all states other than Utah is provided by Advantage Workers Compensation Insurance Company, a wholly owned subsidiary of WCF Mutual Insurance Company, doing business as WCF Insurance. Advantage is domiciled in Utah; NAIC number: 40517. Administrative office: P.O. Box 571918, Salt Lake City, UT 84157-1918.