



New Venture Supplemental Application - To Be Completed by All "New Ventures"

Insured Name: _____

Web Site: _____ FEIN: _____

Description of Operations:

Is this an existing business being purchased by a new owner? YES NO

If so, what percentage of employees are being retained?: _____

What percentage of managers and supervisors are being retained?: _____

Is this a new business being created by the applicant? YES NO

If so, number the years experience the applicant has in this industry: _____

In what capacity has the applicant worked for the past five years?:

Where will the employees be sourced from (ie, union, newspaper, former relationship, etc.):

Is modified duty (light duty) available for all injured workers? YES NO

Is there a formal job description for all employees? YES NO

Is there a company paid health plan available to all employees? YES NO

If so, what percent of employees are covered?: _____

Is there a formal safety committee and safety manager? YES NO

Are safety meetings conducted for ALL new hires prior to working? YES NO

Are regular (at least monthly) safety meetings held for all employees? YES NO

Is there a formal accident investigation program? YES NO

Are supervisors/foremen held accountable for workplace injuries? YES NO

Are MVR's reviewed for all drivers? YES NO N/A

Are employees required to use personal vehicles for ANY company business? YES NO

Who is responsible for safety measures at this organization: NAME: _____

PHONE: _____

EMAIL: _____

By signing this supplemental application, the applicant states that the information provided is accurate to the best of their knowledge. All information provided is subject to verification. The application or policy coverage may be cancelled for misrepresentation if information provided is not accurate.

Signature of Applicant: _____ Date: _____

Signature of Producer: _____ Date: _____