



***Supplemental Underwriting Application
United States Longshoremen & Harbor Workers Act***

Date _____

Name _____

Address _____

1. Describe the insureds hiring and screening process.

2. What type of training program does the insured have for new employees and to what extent are supervisors involved?

3. Does the insured have a formal Return to work program? ____ yes ____ no

4. Does the insured have a Substance Abuse Screening Program? ____ yes ____ no

Pre hire ____ yes ____ no

Random ____ yes ____ no

Post accident ____ yes ____ no

5. Does the insured have a formal written safety program? _____ yes _____ no
If so, are supervisors and employees held accountable for following the program?
_____ yes _____ no

If answer to either is no, please explain why.

6. Is management committed to safety and portrays a positive attitude and will work with our Loss Control Consultants complying with recommendations to create a safe work place? ____ yes _____ no

7. List the employer paid benefits & those the employee may participate in:

1. _____
2. _____
3. _____
4. _____

8. What is the average turnover rate for employees? _____ / year
Managers & Supervisors? _____ / year

9. What is the average employee tenure _____ , age range _____ , and experience level _____ ?

10. Number of full time employees _____
Number of part-time / seasonal employees _____

11. How would you describe the overall employee relations at this company?

12. Are the employees Union _____ or Non-union _____?

13. Any critical events such as change of ownership, management turnover, reorganization, layoffs, bankruptcy etc. in the last three years? If so, please describe the applicable details.

14. Has the company had any loss control services performed in the last three years?

Yes ____ No ____

If so, have they complied with all recommendations? Yes ____ No ____

List any recommendations / changes they have made in their safety program that would improve their overall safety results:

Prospect / Insured _____

Effective date of coverage _____

Form Completed by _____

Agency Name _____