



RESIDENTIAL LIVING
SUPPLEMENTAL WORKERS' COMPENSATION APPLICATION

Application/Policy #: \_\_\_\_\_
Insured Name: \_\_\_\_\_ Federal ID #: \_\_\_\_\_
Effective Date: \_\_\_\_\_ Web Site: \_\_\_\_\_ Insurance Email: \_\_\_\_\_
Agency: \_\_\_\_\_ Contact: \_\_\_\_\_

Payroll Data - Provide historical payroll data by class (for current and prior 4 years), or submit final audit invoices if available. Applicable only to policy years not insured by Republic Indemnity.

Table with 6 columns and 5 rows for payroll data. Rows include Class, YEAR, Current, 1st Prior Yr, 2nd Prior Yr, 3rd Prior Yr, and 4th Prior Yr.

Loss Experience

If the insured has not been insured by Republic Indemnity for the latest 3-year term, please attach currently valued loss runs for any of those three years insured elsewhere and most current experience modification worksheet if available.

Operational Information - Home Health Care

- 1. Provide the number of workers in each category. Registered nurses (RN, LPN) Nursing assistants (CNA) Personal care aides Home health aides Companions Other home care workers \*
\*Description of duties for other workers
2. Average length of shifts in hours Average/typical number of patients per shift
3. Are there any live-in caregivers (uses a bed on the patient's premises)? Yes No If yes, how many? Do any family members provide paid care? Yes No If yes, how many?
4. Percent of non-ambulatory patients
5. Does the insured screen patients before providing services? Yes No
If yes, what are their criteria for acceptance/rejection?
6. Are nursing care providers required to lift patients (as opposed to repositioning or transferring)? Yes No
7. Is there a combative patient handling program, i.e. de-escalation techniques and safe restraint methods? Yes No
8. What are the procedures when working with larger patients?

**General Information**

1. Current number of permanent employees for each location:  
 Employees providing medical, nursing or personal care to residents: \_\_\_\_\_  
 Food service employees: \_\_\_\_\_  
 All other employees, salespersons and drivers: \_\_\_\_\_
2. Number of W2's filed for latest reporting year \_\_\_\_\_
3. Number of employees: Increasing \_\_\_\_\_ Decreasing \_\_\_\_\_ Stable \_\_\_\_\_
4. Number of part time employees \_\_\_\_\_ Number of full time employees \_\_\_\_\_
5. Mean wage: For mainstream employees in production operations or services offered \$ \_\_\_\_\_/hr.  
 For administrative staff (e.g. clerical, sales) \$ \_\_\_\_\_/hr.
6. Union \_\_\_\_\_ Non – Union \_\_\_\_\_ % of employees participating \_\_\_\_\_
7. **How many independent contractors are used?** \_\_\_\_\_  
**How many 1099 forms are issued to individuals?** \_\_\_\_\_  
**How many 1099 forms are issued to companies/organizations?** \_\_\_\_\_  
**If there are independent contractors, what kind of work do they perform?** \_\_\_\_\_  
**Are independent contractors covered under a statutory Workers' Compensation Insurance policy and do they provide Certificates of Insurance? Yes No**
8. Group Medical provided: Yes No Name of Group Medical Provider \_\_\_\_\_  
 % of employees participating \_\_\_\_\_ % of employer contribution \_\_\_\_\_  
 Paid Vacation: Yes No Paid Sick Leave: Yes No 401K or Pension: Yes No
9. Safety Program: Yes No  
 Safety meetings held for all employees: Yes No  
 Personal protective safety equipment provided: Yes No  
 Accident investigation program in place: Yes No
10. Hiring Practices  
 Application: Yes No  
 Check References: Yes No
11. Pre-employment physical Yes No
12. Drug Screening Program/Random Drug Testing Yes No
13. Background Checks Yes No
14. Does insured offer modified work: Yes No  
 If yes, provide details \_\_\_\_\_
15. Vehicle Exposure: Yes No Radius of Operations \_\_\_\_\_  
 #Vehicles \_\_\_\_\_ (comm'l) \_\_\_\_\_ (private passenger) Types of vehicles: Bus Van Car  
 Details of use, including specifics as to delivery exposures, or group transportation exposures if applicable \_\_\_\_\_  
 \_\_\_\_\_  
 Number of employees regularly driving: \* \_\_\_\_\_  
 \*We define regular as over 10% of all production employees time in the aggregate being spent off-premises.  
 Frequency of off-premises activity: Daily Less than Daily  
 What are the average and maximum number of covered employees that travel together in the same vehicle: \_\_\_\_\_  
 \_\_\_\_\_  
 How often do the maximum number of covered employees travel together in the same vehicle: \_\_\_\_\_  
 MVR's checked Yes No If yes, please provide details as to procedures in place \_\_\_\_\_  
 \_\_\_\_\_  
 Is there a disciplinary/termination rule in place based on driving record? Yes No If yes, describe how this is implemented \_\_\_\_\_  
 \_\_\_\_\_

16. Is there any out-of-state travel? Yes No  
Where do they travel? \_\_\_\_\_ If yes, who travels? \_\_\_\_\_  
How long do they travel for? \_\_\_\_\_
17. Does the applicant own, operate or lease aircraft: Yes No  
*If yes, provide details* \_\_\_\_\_
18. Are any of the insured's operations located within a Federal or State government owned building that is over 35% occupied by governmental offices or National Landmarks? Yes No  
*If yes, provide details* \_\_\_\_\_

**Location (s) – Please complete for all locations of business operations:**

	# Employees assigned to location (including those who work off premises)		# of Shifts	Maximum number of employees on premises at one time	# of Stories/ Floor # occupied by this business	Building Construction Type *(see below)
	Full-time	Part-time				
<b>Location (1)</b> _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____
<b>Location (2)</b> _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____
<b>Location (3)</b> _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____

**If more than 3 locations, please continue on separate sheet.**

\*Types of Building Construction that closely matches the description of building that Insured occupies.

- Wood Frame, including masonry veneer
- Un-reinforced masonry
- Reinforced masonry
- Mobile home
- Tilt-up concrete
- Reinforced concrete
- Light gauge steel frame
- Protected structural steel frame

**Policy Specifications**

Non Participating Plan: \_\_\_\_\_ Participating: \_\_\_\_\_ Program: \_\_\_\_\_ Program Name: \_\_\_\_\_  
 Commission % \_\_\_\_\_ Direct Bill: \_\_\_\_\_ Agency Bill: \_\_\_\_\_

Producer Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_