



Expertise is no accident



Key Risk Insurance Company

Human Services Workers Compensation Supplemental Application

Name of Applicant:
Year Established:
Current Number of Employees:
Annual Estimated Turnover Rate:

Primary Business Operation (Check all that apply)

- Hospice Provider
Visiting Nurse Agency
Clinic
Supplemental Medical Staffing
Mental Health Counseling
Other
Drug Treatment or Counseling
Substance Abuse Counseling
Programs for Juvenile Delinquents
Job Assistance
Crisis Response Team
Association for Retarded Citizens
Industries for the Blind
Sheltered Workshop Operations
Crisis Hotline
Crisis Shelter
Goodwill Operations
Group Home/Residential Facilities

Please indicate where your employees perform their work:

Private Homes/Apartments
Doctor's Offices
Clinic Setting
Clinics
Other Locations (describe)
Hospitals
Community Residences
Community Centers
Nursing Homes
Description:
Corporate Offices
Sheltered Workshops
Offsite job placements

Exposures and Controls

Hiring Procedures:

- 1. Check all methods used prior to hiring employees:
Criminal Background Check (Federal)
Criminal Background Check (State)
Verify current certification/licensure
Pre-employment/post offer physicals
Personal Interview
Drug Testing
Reference Checks
E-Verify
Validate Work History
Education
Validate Professional Licensures
I-9s Obtained for all Employees
2. Are above hiring procedures documented in employee file?
3. Are job descriptions provided for all professionals and non-professionals?

Automobile/Driver Information:

- 1. Does the applicant obtain MVRs annually for all drivers?
2. Describe MVR acceptability criteria and procedures for dealing with unacceptable drivers and violations:
3. Describe the type(s) of owned vehicles:
4. Describe how vehicles are used:
5. Maximum distances traveled:
6. Is a formal and documented vehicle maintenance program in place?
7. Do staff members transport clients in their personal vehicles?
8. Describe driver safety and training programs:

Risk Management Controls:

1. Is a formal written safety program in place? Yes No
2. Is a copy of the safety program provided to all employees? Yes No
3. Do you have a designated safety committee: Yes No
If yes, how often does the committee meet: _____
4. Is a formal accident investigation program in place? Yes No
5. Is a formal transitional duty program in place to assist in returning injured employee to work? Yes No
If no, would management be willing to put a program in place? Yes No
6. Do you have a formal drug-testing program? Yes No
If yes, check all that apply:
 Pre-employment/Post-offer Reasonable Suspicion
 For Cause Post Accident
 Random – Percentage _____ %
7. Is a formal training program for non-violent crises intervention provided to employees? Yes No
If yes, which protocol is implemented and how often is staff recertified? _____
8. Is your operation accredited or licensed by any governmental entity or other body? Yes No
If yes, please provide the name and type of accreditation or licensure. _____

General Exposures:

1. Are there sign in/sign out procedures for:
 Staff Clients/Residents Visitors
2. What type of security is provided for the protection of staff?
 Security Cameras Entry Alarms Other _____
3. Indicate if the following are performed by employees:
Janitorial/Maintenance: _____ Landscaping: _____ Snow removal: _____
Re-paving/Re-surfacing: _____ Other: _____
4. Does staff supervise and/or participate in company-sponsored sports activities? Yes No
5. Are field trips taken? Yes No
If yes, number per year: _____
If field trips are taken, are any field trips overnight? Yes No
If yes, what is the maximum distance traveled? _____
6. Describe the method used for de-escalation: _____
Describe the physical restraint policy: _____
7. Are medications administered? Yes No
If yes, are medications secured by lock at all times? Yes No
8. Are employees paid reduced wages based on their ability to perform at a reduced capacity? Yes No
If yes, what percentage of employees are paid on a reduced basis? _____ %
What percentage of the minimum wage are these employees paid on average? _____ %

Additional Information

1. Do you operate a residential facility or group home? Yes No
If yes, please complete the **Group Home Operations** section on page 3.
2. Do you operate a sheltered workshop? Yes No
If yes, please complete the **Sheltered Workshop** section on page 3.

Group Home Operations

Level II Level III

City/Town	Ages Served	Gender		Detailed nature of clients; reason for placement.	Average length of stay
		M	F		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

1. Number of fire extinguishers on premises: _____ Are they serviced regularly? Yes No
2. Are there adequate, clearly marked emergency exits? Yes No
3. Is there a written and posted emergency evacuation plan? Yes No
4. Describe housekeeping and maintenance practices: _____

5. Staff to resident ratio: Day: _____ Night: _____

Sheltered Workshop Operations

Do the jobs performed involve any of the following exposures? (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Use of power tools/equipment | <input type="checkbox"/> Packaging Services | <input type="checkbox"/> Retail operations |
| <input type="checkbox"/> Restaurant exposures | <input type="checkbox"/> Optical Services | <input type="checkbox"/> Refurbishing of donated items |
| <input type="checkbox"/> Silk screening/clothing mfg. | <input type="checkbox"/> Janitorial Services | <input type="checkbox"/> Landscaping or lawn care services |
| <input type="checkbox"/> Light manufacturing | <input type="checkbox"/> Other Services (describe) | |

Other Services Description: _____

1. Percentage of mentally challenged employees/clients: _____ %
2. Percentage of physically challenged employees/clients: _____ %
3. Does the applicant supply any workers to other employers on a temporary or permanent basis? Yes No
4. Are job coaches supervising mentally and/or physically challenged employees/client while working off-site? Yes No
If yes, what is the ratio of coach to client? _____
5. Is transportation of employees/clients provided to and from work sites? Yes No
6. Are clients thoroughly evaluated and duties matched with abilities prior to job placement? Yes No
7. Are mentally and physically challenged employees provided benefits (including health care, life, short-term disability, vision, etc.)? Yes No
8. When was the last time the workshop was inspected by OSHA? _____
Describe any deficiencies noted and corrective actions taken: _____

Information Provided By:

Applicant Signature	Date
Typed Name & Title	