Cavignac

Worker's Compensation

Supplemental Application

Applicant Name			
Effective Date		Agency Contact	Cavignac

1. Operational Information

Union/non-union		Single/multi-location	
Number of Shifts		Radius of operations	
Overtime?		Intra/interstate	
Employee vehicle use?		MVRs checked?	
Transportation of employees?		Established driver standards?	

2. Experience/Workforce

Current # of employees		Group medical provided?	
Number part time		Employer Contribution	
Number Temporary		Employee Participation %	
Number of W2s filed last year		Age wage (production)	

Layoffs in last 12 months? ☐ Yes ☐ No

Layoffs suspected in the next 12 months? ☐ Yes ☐ No

Number of employees: Increasing ☐ Decreasing ☐ Stable ☐

3. Administrative Information

	YES	NO
Pre-placement physical		
Pre-placement drug/alcohol screen		
Orientation & Training process		
Designated medical provider		
Modified return to work program		
Written policy statement		
Loss Control incentive program		
Management		
Supervisors		
Staff		
Drug/alcohol rehab programs offered?		
Smoking allowed on premises?		

4. Hazards & Controls

	YES	NO
Are owners active in daily operations?		
Documented safety program?		
All machinery/equipment guarded?		
Is Safety Manager active in all safety meetings?		

Person Responsible for Safety Program:
Name:_____
Title:_____

Account Executive Signature: _____ Date:_____