

# Farm Workers Compensation Supplemental Application



INSURED'S NAME	POLICY #	AGENT #
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Did you submit an application through Agent Center?       Yes       No

**Hiring/New Employee Practices:**

Do you require a written job application?       Yes       No

Do you have formal job descriptions on file?       Yes       No

Do you require pre-hire drug testing?       Yes       No

Do you perform reference checks?       Yes       No

Do you require pre-employment physicals?       Yes       No

Do you perform motor vehicle report checks?       Yes       No

Do you perform criminal background checks?       Yes       No

Do you utilize seasonal, migrant, or volunteer labor?       Yes       No

If yes, explain \_\_\_\_\_

Explain your job training process.

\_\_\_\_\_

**Safety Procedures:**

Do you have a formal safety/training program?       Yes       No

Name of the program administrator: \_\_\_\_\_

Their title: \_\_\_\_\_

What personal protection devices do you provide?

What kinds of safety training are provided?

How frequently is safety training delivered? \_\_\_\_\_

Explain training provided for current employees asked to work new equipment.

\_\_\_\_\_

**Claim Procedures:**

Do you have a formal written accident report?  Yes  No

Do you require post accident drug testing?  Yes  No

What are your claim reporting procedures?

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What is your average claim reporting time frame? \_\_\_\_\_

Specific medical provider utilized to treat injured employees?  Yes  No

Do you have a documented return to work program?  Yes  No

If yes, list jobs \_\_\_\_\_

**General Questions:**

Describe any driving or delivery exposures.

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Do you have any group transportation of employees?  Yes  No

If yes, what type of vehicle? \_\_\_\_\_

How frequently is this done? \_\_\_\_\_

# of vehicles used to transport employees? \_\_\_\_\_

# of employees transported per vehicle? \_\_\_\_\_

Are employer owned vehicles taken home by employees?  Yes  No

Employee's vehicles used for their work related activities?  Yes  No

Do you allow employees to work for other entities?  Yes  No

Do you provide housing for employees?  Yes  No

If yes, # of employees housed \_\_\_\_\_

Do you have livestock?  Yes  No

If yes, what are your deceased animal removal procedures?

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Do you have proper fencing in place?  Yes  No

Describe your safe handling practices.

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Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_