

Work Comp Questionnaire

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Work Comp Questionnaire is required prior to any quote release.
Please complete all sections or mark N/A if not applicable.

Account Name:

of Locations:

Loss History:

1. Are there any losses in excess of \$50,000 in the last 4 years ?.....Yes No
 If Yes please attach separate sheet with further details (e.g. nature of injury, cause, controls/prevention, current status)
2. Are there any losses stemming from an automobile, or automobile related incident in the last 4 years?.....Yes No
 If Yes please provide details:
3. Have there ever been any losses stemming from sub-contracted workers?.....Yes No
 If Yes please provide details:

Return To Work:

1. Does the employer currently have a return to work program in place?.....Yes No
2. Does the employer agree with the need to provide transitional light duty work?.....Yes No
3. Do both the owner(s) and day to day contact person (if different) agree to provide transitional light duty?.....Yes No
4. Is there opportunity to provide light duty work year round?.....Yes No

Management:

1. Is owner on site and actively involved in day to day operations?.....Yes No
2. Is there a person within the organization who, as part of there job description, is responsible for safety?.Yes No
 If Yes, provide name, job title, and phone number:
3. Is management being proactive in providing a safer working environment for employees?.....Yes No
4. Do you feel there is a good rapport between management and employees?.....Yes No

Employees:

1. Are employee health benefits offered?.....Yes No
 If Yes, percentage paid by employer:
2. Are any employees part of a union within the organization?.....Yes No
 If Yes, how many employees, name of union and details of any recent disputes:
3. Is new employee orientation and training provided?.....Yes No
4. Is there any prescreening done prior to the hire of a new employee e.g. background checks, drug testing?.....Yes No
5. Are MVR's run on all employees with driving responsibilities?.....Yes No
6. Are there any seasonal layoffs?.....Yes No
 If Yes, provide details:

Training:

- 1. Is there periodic training for tenured staff?.....Yes No
- 2. Is there department specific training done?.....Yes No
- 3. Is there immediate training on all new equipment or machinery?.....Yes No

Safety:

- 1. Is there a periodic inspection program to assure equipment/machinery is in safe working order?.....Yes No
- 2. Is there an accident investigation program in place?.....Yes No
- 3. Are safe lifting procedures documented and followed by all staff?.....Yes No
- 4. Are there periodic safety meetings done?.....Yes No
If Yes, how often and who attends?

Equipment/ Facilities:

- 1. Are facilities well kept and maintained e.g. aisles clean and clear, lighting good?.....Yes No
- 2. Is there a lock out /tag out procedure in place and enforced?.....Yes No
- 3. Are all guards in place and used in meat/ deli departments?.....Yes No
- 4. Are there any plans to expand in the upcoming policy year?.....Yes No
If Yes, please provide details:
- 5. Are there any plans to downsize in the upcoming policy year?.....Yes No
If Yes, please provide details:
- 6. Are there any firearms on premise?.....Yes No

Claims:

- 1. Are first report of injuries (F.R.O.I.'s) made within the first 24 hours of accident?.....Yes No
- 2. Is there one person responsible within the organization to report the F.R.O.I.'s?.....Yes No
If Yes, provide name, job title and phone number?
- 3. Do you have a post injury drug testing policy?.....Yes No

Additional comments about risk:

Name and Job Title/ Date:

***WC Questionnaire may be fax back to (913) 948-8171**
Emailed to submissions@avantsupermarketgroup.com

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