ONE80 INTERMEDIARIES

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Healthcare Supplemental Application
Workers' Compensation

I. BACKGROUND AND OPERATIONS

Applicant Name:

DBA's (if any):

1. Does Common ownership (> 50%) exist with any other operations? ○ Yes ○ No
2. Website:
3. Date business first began:
4. # of years under current ownership:
5. Total # of employees:
6. Total # of full time employees:
7. Total # of part time employees:
8. Total # of W2 employees:
9. Total # of 1099 employees:
10. 1099's show proof of Workers' Comp coverage? ○ Yes ○ No
11. Total # of volunteers:
12. What % of operations is temp staffing? %
13. Are 24-hour services provided (other than in shifts)? ○ Yes ○ No
14. What % of employees are live-in caregivers? %
15. What % of employees care for their own family members? %
16. Agents of clientele served? < 19 % 19-55 % > 55 %
17. Are motor vehicles checked at least annually? ○ Yes ○ No ○ N/A
18. Is group transportation provided? ○ Yes ○ No
19. If a facility is owned, is it OSHA compliant? ○ Yes ○ No ○ N/A

II. SERVICES PROVIDED (check all that apply)

- ☐ In-Home – Skilled Nursing
- ☐ In-home – Non-Professional
- ☐ Hospice Provider
- ☐ Physical Rehab Facility
- ☐ Senior Skilled Nursing Facility
- ☐ ALF / Assist. Residential Homes
- ☐ Progressive Senior Living
- ☐ Senior Day Center
- ☐ Community Hospital
- ☐ Addiction Treatment Services
- ☐ Behavioral Health Services
- ☐ Developmentally Challenged

III. WHERE EMPLOYEES PERFORM WORK (check all that apply)

- ☐ Personal Residences %
- ☐ Senior Care Facility %
- ☐ Physical Rehab Center %
- ☐ Hospice Center %
- ☐ Hospitals %
- ☐ Outpatient Facility %
- ☐ Impatient Facility Center %
- ☐ Doctor / Dentist Office %
- ☐ Community Center %
- ☐ Day Center %
- ☐ Schools %
- ☐ Correctional Facilities %
- ☐ Mobile Units %
- ☐ Remote Home Offices %
- ☐ Corporate Office %
- ☐ Other:

IV. SAFETY PROGRAMS & TRAINING (check all that apply)

- ☐ New Employee Orientation Program
- ☐ Formal accident/injury investigation
- ☐ Labor/Management Safety Committee
- ☐ Proper Patient Handling/Transfer Training
- ☐ Patient Lists Provided & Utilized
- ☐ Drug Free Workplace Program
- ☐ Written Safety Manual
- ☐ Formal Written Accident Report
- ☐ Safety Incentive Program
- ☐ Post-Accident Drug Testing Team
- ☐ Lifting Procedures Employed
- ☐ Combative Patient Training
- ☐ Safe Handling & Disposal of Needles/Sharps
- ☐ Workplace Violence Training and Procedures
- ☐ Bloodborne Pathogens/Infectious Disease Training
- ☐ Return to Work/Light Duty Program in place
- ☐ Home site safety surveys conducted & documented
- ☐ Other:

V. HIRING AND SCREENING PRACTICES (check all that apply)

- ☐ Written application
- ☐ Reference Checks
- ☐ Pre-hire physical
- ☐ Pre-Hire Drug Testing
- ☐ Employee Handbook w Sign Off
- ☐ Formal job description provided
- ☐ Validate Work History
- ☐ Child Abuse Clearance
- ☐ Criminal background checks
- ☐ Personal Interview (virtual or in-person)
- ☐ Verification of certification and/or licenses
- ☐ Documentation or any pre-existing injuries

VI. PRIOR WORKERS' COMPENSATION INFORMATION (check all that apply)

	Current Year	Prior Year 1	Prior Year 2	Prior Year 3	Prior Year 4
Premium:					
Payroll:					
Carrier:					

Has the applicant had continuous WC coverage for the past 2 years? ○ Yes ○ No
Has the applicant's WC insurance been canceled for nonpayment within the last 3 years? ○ Yes ○ No
Has the applicant's WC been canceled or non-renewed for Underwriting Reasons? ○ Yes ○ No

This information is accurate and complete to the best of my knowledge and represents the operations and exposures of the above applicant

Name (printed): Signature: Date: