

Pumpro Workers Compensation Supplemental Application

Applicant Information (Complete and attach to ACORD application with current & 3 prior years loss runs and experience mod worksheet)							
Applicant Name: _____				Number of Employees: _____			
Percentage of concrete pumping work compared to total receipts?		FEIN#: _____		Current Insurer?			
General Underwriting Information (Explain all "Yes" Responses, attach separate sheet if necessary.)						YES	NO
Has applicant failed to maintain continuous Workers Compensation insurance or been cancelled or non renewed in the last three years?							
Any of the following operations: Blasting, Dam Work, Bridge or Cofferdam Work, Work performed from a Boat or Barge, Underground Pumping, Tunneling or Subway Construction Work, Demolition or Wrecking?							
Has applicant failed to comply with any OSHA regulations and standards for construction including fall protection?							
Is this a union contractor?							
Account Exposures (Does the applicant perform any of the following activities? Explain any yes responses.)							
Any work below grade?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Use of heavy equipment (other than concrete pumpers)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, does a confined space entry program exist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Equipment Rental with Operators?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, are trench boxes or other shoring used?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Are cranes owed or operated?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any work over 15 feet from ground or nearest surface?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Placing booms above 3 stories?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, is proper staging and fall protection used?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If leased or temporary employees are used, is WC coverage provided by the leasing company?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is personal protective equipment in use including hard hats, respirators and safety vests?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Are certificates of insurance obtained from subcontractors?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do Loss Prevention Activities Include:							
A written safety policy and goals?		<input type="checkbox"/> Yes <input type="checkbox"/> No		A designated safety coordinator?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Safety and training programs?		<input type="checkbox"/> Yes <input type="checkbox"/> No		A formal accident review and investigation program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
A written drug and alcohol policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Employee participation in safety, inspection and Safety Committees?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
A vehicle safety program for drivers, vehicles and mobile equipment?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Pre-employment physical, physical agility tests and periodic random drug testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do Claim Management Activities Include:							
Prompt reporting of all employee injuries?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Established transitional duty/light duty program for injured workers?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Designated employee to coordinate all claim management activities?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Maintain contact with injured worker and insurer's panel of physicians?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Renewal Experience Mod: _____				Renewal Payroll: _____			
Year	Premium	Total Payroll	Exp. Mod.	# Claims	# Lost Time	# Open	Total
Current							
1st Prior							
2nd Prior							
3rd Prior							
4th Prior							