Fax back to (818) 279-6999 or email to info@indoorplaygroundinsurance.com

Workers Compensation Supplemental Application

General Information

Company Name ____
Insured's FEIN# ____
Insured's WCIRB# ____
License Type & # ____
Hours of Operation _______to_______ Number of days per week _________
#Years in Business _____ If less than 5 years, number of years in this industry____
Is the owner active in this business? Yes No Duties performed? __________________
____
Describe business operations ____
____

Current member of the National Indoor Playground & Café Association (NIPACA) _____

List of Officers of the Company (To Be Excluded)

Name(s) Title(s), Percentage of ownership (MUST HAVE)

Employee Payroll Information

Year	Payroll	Premium
Current	$________________	$______________
1st. Prior	$________________	$______________
2nd Prior	$________________	$______________
3rd Prior	$________________	$______________

Current
Average hourly wage for governing class employees is **$**________

Employee/Location Information

Current number of employees all locations combined:

Full Time (FT) _____ Part Time (PT)_____

State	Payroll	Total # of of Employees		# of Shifts	Max # of Employees per shift_____
____________	$_________	FT________	PT________		
____________	$_________	FT________	PT________		
____________	$_________	FT________	PT________		

ANAGEMENT

Do you have a return to work program?	Yes	No
If so, with full pay?	Yes	No
Do you have a return to full time modified duty work plan?	Yes	No

Are you willing to implement safety recommendations made by the insurance carrier? Yes No
Are you willing to implement loss control recommendations made by the insurance carrier? Yes No

BENEFITS

Does your company provide Group Medical Insurance? Yes No
Employer contribution ________________%
What percentage of employees are covered by the plan ________%
Waiting Period: 30 Days ____ 60 Days_____ 90 Days_____ Other_____________
Name of Group Medical provider ____
Who is eligible: All Employees ____ Only full time ______ Other_____________
Does your company provide Life Insurance? Yes No
Employer contribution _________________%
Does your company provide Disability Insurance? Yes No
Employer contribution_________________%
Paid vacation? Yes No
Paid sick leave? Yes No
401K Profit Sharing? Yes No

HIRING PRACTICES

Does your company have designated Human Resource Office/Personnel? Yes No
Complete written applications? Yes No
References checked? Yes No
Pre/Post employment physicals? Yes No
Drug/Substance abuse tests? Yes No
MVR's checked? Yes No
Any position specific applicant testing? Yes No
If so, which positions? ____
Does your company have an Employee Handbook? Yes No
If so, does it contain a "Employment At Will" statement? Yes No
A "Family Medical Leave Act" statement? Yes No

SAFETY

Person responsible for safety _________________Phone# (___)_______________

Do you use a specific medical provider to treat injured employees? Yes No
Check One: Clinic ___ Physician ___
Emergency room _____ Other _________________
Do you have a written safety program (SB198)? Yes No
Do you have a safety incentive program? Yes No
Do you have & regularly maintain a First Aid Kit in

or near work areas? Yes No
Does your company offer any Drug/Alcohol or workplace Violence awareness programs? Yes No
If so, please briefly describe ____
____

Do employees utilize any safety equipment in the performance of their duties? Yes No
If yes, please describe ____
____

MISCELLANEOUS

Union ______Non Union______ (check one)

Total number of Employees – all locations-**previous** 12 months? ___________
Total Number of Employees voluntarily resigning **previous** past 12 months? _________
Total Number of employees involuntarily terminated **previous** 12 months?________
Total Number of new employees hired **previous** 12 months? ________

Current employees are: Increasing ____ Stable____ Decreasing ____
Are Temporary Employees used? Yes No
Vehicle Exposure? Yes No
# of Vehicles ______Commercial ______ Private Passenger
Radius of Operations ________________

Completed by:____________________________________ Date:__________________
Name & Title