

RT WC Specialty

Group Home & Social Service Product

Supplemental Workers' Compensation Application

| Insured Name: | | | | | | |
|--|---------------------------|--------------|----------------|--|-----|----|
| Insured Web Addr | ess: | | | | | |
| Insured FEIN: | | | | | | |
| | | | | | | |
| Payroll/Premiu | m Information: | | | | | |
| Policy Year | Payroll | Premium | | | | |
| 4th Prior | \$ | \$ | | | | |
| 3rd Prior | \$ | \$ | | | | |
| 2nd Prior | \$ | \$ | | | | |
| 1st Prior | \$ | \$ | | | | |
| Current | \$ | \$ | | | | |
| Business Opera | ntions | | | | | |
| - | | | | | | |
| Please provide a d | etailed description of th | e operation: | | | | |
| | | | | | | |
| | | | | | | |
| List the Applicant's | State of Operation: | | | | | |
| For Profit | Not for Profit | Partnership | Other | | | |
| If other, please sp | ecify : | | | | | |
| 1. Are medical/health insurance benefits provided to employees? | | | | | | |
| 2. Are at least 60% of the insured's staff professional employees? | | | | | | No |
| 3. Is 24-hour staffing provided? | | | | | | No |
| 4. Indicate percent | cage of volunteers in the | e workforce: | | | | |
| □ 0% | 1-10% | 11-40% | >40% | | | |
| 5. Does the Insured have a Residential Housing Facility? | | | | | | No |
| 6. Does the Insured have a formal safety program? | | | | | | No |
| 7. Does the insured complete drug testing prior to employment and post accident? | | | | | Yes | No |

| 8. Does the insured complete a criminal background check? | | | | | |
|--|--|--|--|--|--|
| 9. Does the insured complete a child abuse clearance check? | | | | | |
| Business Operations (Check all t | hat apply): | | | | |
| Mental Health Counseling | Substance Abuse Counseling | Residential/Group Homes | | | |
| Foster Care Provider | Secured/Lockdown Facilities | Shelters | | | |
| ☐ Vocational Training/Programs | Crisis Response Team | Adult Day Care | | | |
| Physical/Occ. Health Therapy | ☐ Drug Treatment/Detox | Health Clinics | | | |
| Please indicate where your employees private Homes/Apartment Shelters | perform their work: Clinics Hospitals | ☐ Group Homes ☐ Corporate Officers | | | |
| Day Care Setting | ☐ Job Coaching | Other Locations | | | |
| If other, please specify: | _ | Ctrief Educations | | | |
| ij other, pieuse specijy. | | | | | |
| verification by way of an underwriting s | rmation provided is both accurate and truth urvey or inspection. You must notify RT Spe ay be canceled for misrepresentation if info | cialty of any significant change in operations o | | | |
| Signature of Applicant: | | | | | |
| Title: | | | | | |
| Print Name: | | Date: | | | |

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