



# Workers' Compensation Questionnaire

**Organization Name** \_\_\_\_\_

**WC Effective Date** \_\_\_\_\_

## Staff

Name of Executive Director: \_\_\_\_\_

Years as Executive Director: \_\_\_\_\_

Total number of employees: \_\_\_\_\_ Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

Has there been a change in the organization's leadership? Yes      No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## Operations

Are there operations in WA, WY, ND or OH? Yes      No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you provide security personnel at any of your locations, programs or events? Yes      No

If yes, explain (include specifics on location/program/event, number of staff, armed/unarmed, employed or contract, security firm or off-duty police officers, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you operate a residential camp? Yes      No

Is the residential camp accredited by the American Camp Association? Yes      No

Do you provide any of the following programming?

Post-adjudication juvenile detention services	Yes	No
Jet-ski operations	Yes	No
Activities on ocean waters	Yes	No
White water rafting	Yes	No
Snow or water skiing	Yes	No
Care and grooming of saddle animals	Yes	No
Rock climbing (other than simulated rock climbing)	Yes	No
Ice climbing	Yes	No
Caving	Yes	No
Competitive gymnastics	Yes	No
Any ropes courses or ziplines owned, operated or utilized	Yes	No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have any lost time claims resulted from any of the above activities in the last 3 years? Yes No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

What is the maximum height of your climbing tower, high ropes course, zipline? \_\_\_\_\_

Are there staff stationed on any of these? Yes No

Where are they positioned? \_\_\_\_\_

What safety precautions are taken for their safety? \_\_\_\_\_

\_\_\_\_\_

Do you use a powerboat for any reason? Yes No

For what purpose? \_\_\_\_\_

What is the horsepower of the engine? \_\_\_\_\_

Are personal flotation devices (PFDs) worn by all staff? \_\_\_\_\_

## Operations Continued

Do staff handle fireworks? Yes      No

If yes, describe activity and frequency: \_\_\_\_\_  
\_\_\_\_\_

Do you do any work with at-risk youth or gang intervention? Yes      No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

Have staff been trained on how to restrain participants safely, if necessary? Yes      No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

Do you provide any home care for the elderly and/or disabled? Yes      No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

Are there circumstances for the maintenance staff to go on the roof? Yes      No

If yes, describe the circumstances and the protocol in place for their safety: \_\_\_\_\_  
\_\_\_\_\_

Is access to the roof internal or external?  Internal       External

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a commercial grade kitchen on the premises? Yes      No

Are all the staff who use the kitchen trained on proper use and handling of equipment and utensils? Yes      No

## Travel

Do any employees ever travel outside the United States for work? Yes      No

If yes, provide job functions, number of staff, frequency and duration of travel, country/countries traveled to, and nature of work: \_\_\_\_\_

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If yes, do you have a separate policy to cover staff while working in other countries? Yes      No

## Volunteers

Do any of the volunteers receive compensation (almost anything of value, including free or reduced cost memberships, meals, mileage, gift cards or certificates, discounts, store merchandise, room and board, etc.)? Yes      No

If yes, explain (please be specific, including number of volunteers): \_\_\_\_\_

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Do you require your volunteers to sign a waiver regarding Workers' Compensation? Yes      No

Have any volunteers filed Workers' Compensation claims within the last three years? Yes      No

If yes, provide details: \_\_\_\_\_

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## Contracted Work

Describe all work contracted to others (include contracted program staff and other contractors performing work for the organization): \_\_\_\_\_

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## Contracted Work Continued

Are Certificates of Insurance requested? Yes      No

Explain the procedures for providing 1099 forms and/or obtaining and monitoring  
Certificates of Insurance: \_\_\_\_\_

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## Vehicle Operations

Do you regularly operate buses and/or passenger vans? Yes      No

If yes, please explain: \_\_\_\_\_

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Do you regularly transport groups of employees (>3) to and from locations? Yes      No

If yes, please explain: \_\_\_\_\_

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## Safety and Risk Management

Do you have a written Employee Safety Program? Yes      No

Is there a Safety Committee that meets at least semi-annually? Yes      No

Do you have a written drug-free workplace program that includes drug testing? Yes      No

Has a primary medical facility been selected? Yes      No

Do you have a written light duty/return to work program? Yes      No

Do you report all employee injuries to the Workers' Compensation carrier? Yes      No

If no, explain: \_\_\_\_\_

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## Safety and Risk Management Continued

### Premium, Payroll, Experience Modification

	Policy Year	Premium	Payroll	Experience Mod
Next Year				
This Year				
Previous Years				

Provide number of employees or percentage of payroll by department:

	#	%
Cafeteria/restaurant of food services operations	_____	_____
Housekeeping for room rental	_____	_____
Janitorial	_____	_____
Bus or van drivers	_____	_____
Security personnel	_____	_____
Athletic coaches/trainers	_____	_____
Counselors	_____	_____
Day care or pre-school workers	_____	_____
Care providers for the elderly or disabled	_____	_____
General administrative or clerical	_____	_____
Full-time and part-time life guards	_____	_____
Other	_____	_____

If other, please describe: \_\_\_\_\_  
 \_\_\_\_\_

## Complete and Sign

Please print and sign below and submit the completed supplement and any attachments, along with a completed Workers' Compensation Acord application, four full years plus current year carrier loss runs and current experience modification worksheet.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_