



# Workers' Compensation Renewal Questionnaire

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

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

## Staff

Estimated renewal payroll by classification:

Class Code	Description	Established Payroll
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

## Operations Updates

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

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

Have there been any changes in your employee safety practices or protocols? Yes      No

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

New programs added during the past year? Yes      No

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

## Operations Updates Continued

New programs planned for the upcoming year? Yes No

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

\_\_\_\_\_

New branches or camps added during the past year? Yes No

New branches or camps planned for the upcoming year? Yes No

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

\_\_\_\_\_

New off-site programs added during the past year? Yes No

New off-site programs planned for the upcoming year? Yes No

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

\_\_\_\_\_

## Safety and Risk Management

Number of times the Safety Committee met over the past year? \_\_\_\_\_

Were there any incidents involving volunteers over the past year? Yes No

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

\_\_\_\_\_

Will any staff members be traveling outside the United States in the upcoming year? Yes No

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

## Complete and Sign

The information contained in this document is true and accurate, and completed to the best of my knowledge and ability.

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

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

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

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