

**Grocery-Convenience Store
Workers Compensation
Supplemental Application**



Insured _____	Policy No.(s) _____	Contact/Title _____
Location/Address _____	City/State/Zip _____	Date/Time _____

DESCRIPTION OF OPERATIONS

<input type="checkbox"/> Full Service Grocery Store <input type="checkbox"/> Convenience Store <input type="checkbox"/> Oil Change <input type="checkbox"/> Mechanic Bays <input type="checkbox"/> Catering <input type="checkbox"/> Gas Sales – If checked , list estimated gas sales: _____	Days / Hours of operation: _____ <input type="checkbox"/> Delivery Services – If checked , number of vehicles: _____ Delivery Radius: _____ Late night store hours procedures: <input type="checkbox"/> Y <input type="checkbox"/> N Describe: _____
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ADDITIONAL CONVENIENCE STORE INFORMATION

Are there alcohol sales? <input type="checkbox"/> Y <input type="checkbox"/> N If yes , list estimated alcohol sales: _____ Any fire arms on premises? <input type="checkbox"/> Y <input type="checkbox"/> N Are there alarms? <input type="checkbox"/> Y <input type="checkbox"/> N If yes , please indicate type: <input type="checkbox"/> Local <input type="checkbox"/> Central Station Do exterior doors have double cylinder deadbolts? <input type="checkbox"/> Y <input type="checkbox"/> N Are receipts taken home? <input type="checkbox"/> Y <input type="checkbox"/> N If yes , describe protection: _____ Do they have drop down safes? <input type="checkbox"/> Y <input type="checkbox"/> N Do they make daily deposits? <input type="checkbox"/> Y <input type="checkbox"/> N	Proof of Insurance on File <input type="checkbox"/> Y <input type="checkbox"/> N
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WORKERS COMPENSATION PREVENTION PROGRAMS

Safety Program: <input type="checkbox"/> None <input type="checkbox"/> Written policy <input type="checkbox"/> Written manual <input type="checkbox"/> Injury & illness prevention program	Drug Test: <input type="checkbox"/> None <input type="checkbox"/> Post-accident <input type="checkbox"/> Post-offer <input type="checkbox"/> Random	Topics: <input type="checkbox"/> Safe lifting <input type="checkbox"/> OSHA programs <input type="checkbox"/> Slip and falls <input type="checkbox"/> Crime prevention <input type="checkbox"/> Other _____
Hiring: <input type="checkbox"/> Written application <input type="checkbox"/> In person interviews <input type="checkbox"/> Check references on all applicants <input type="checkbox"/> Check references sometimes <input type="checkbox"/> No reference checks <input type="checkbox"/> Background checks on cash handlers <input type="checkbox"/> Other background checks Comments: _____	Safety Training: <input type="checkbox"/> None <input type="checkbox"/> Informal <input type="checkbox"/> Documented <input type="checkbox"/> Checklist used <input type="checkbox"/> Video <input type="checkbox"/> Quizzes <input type="checkbox"/> Refresher training	Safety Committees: <input type="checkbox"/> None <input type="checkbox"/> Monthly meetings <input type="checkbox"/> Bi-monthly meetings <input type="checkbox"/> Quarterly meetings <input type="checkbox"/> Other _____ <input type="checkbox"/> Meeting minutes documented <input type="checkbox"/> No documentation <input type="checkbox"/> Self-inspections <input type="checkbox"/> Training topics discussed <input type="checkbox"/> Accidents/near misses discussed

WORKERS COMPENSATION CONTROL PROGRAMS

Claim Program:

- Claim kits on hand
- 24-hr claim reporting training/communication for all managers

Store Doctor

- None
- Designated doctor
Names: _____
- Doctor panel set up
- Store doctor/panel poster

Management Involvement

- Owner on premises Y N
- Owner's function & percentage of time spent on the business:

- Break room Y N
- Health benefits Y N
- Percentage paid by employer

Accident Investigation

- None
- Written program
- Investigations by mgrs or dept heads
- Investigation documented
- Reviewed by safety committee
- Corrective or preventive measures taken

Return to Work:

- None
- Offers modified duty
- Offers transitional duty
- Written policy & procedure
- Will work w/claims to bring back injured workers

Union Employees

- Y N
- Delivery driving Y N
- Trucking/stock transportation Y N

Management W/C Attitude & Commitment:

- Excellent Good Average
- Poor

Comments: _____

PHYSICAL CONDITION

- | | | | | |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Excellent | Good | Avg. | Poor |
| Housekeeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OPINION OF RISK

- | | | | | |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| | Excellent | Good | Avg. | Poor |
| WC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Number of employees by location: _____

Maximum Exposure to lives by location: _____

SUMMARY COMMENTS: _____

Surveyor's Signature: _____

Date: _____