

Janitorial Questionnaire

Supplemental to
Fully Completed ACORD 130 Workers' Compensation Application

Applicant Name	Effective Date
FEIN	Website

Description of Operations

Operations	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any of the following services provided? If yes, please indicate %. _____% Debris removal / Job site clean-up _____% Exterior window cleaning above ground level _____% Fire or Flood restoration _____% Gutter or Chimney cleaning _____% Hazardous material or bio-hazard clean-up _____% Industrial cleaning _____% Mold remediation _____% Residential cleaning _____% Snow removal
From: To:	Hours of operations. Number of shifts:_____.
	Number of years owned by present owner.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the insured provide employee group transportation?
	Number of owned vehicles.
<input type="checkbox"/> Yes <input type="checkbox"/> No	MVRs checked annually?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any work from heights over 8 feet? If yes, describe:
lbs	Maximum weight employees required to lift.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sub or independent contractors / 1099 employees used?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you verify workers comp coverage for sub/independent contractors?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you lease out employees or provide temp staffing to outside clients?
_____%	If yes, what is the % of payroll leased or temp staffing to others?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do more than 50% of employees receive group health that is 50% employer paid?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide vacation and sick time to all employees?

%	Percent of Union employees.
%	Turn-over percentage during last 12 months.
\$	Average hourly wage for employees in governing class.

Management Practices, Operations, Loss Control, Claims Handling & Benefits	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is owner active in daily operations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a FT risk/safety mgr. employed whose job is 50%+ safety related?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a post-accident drug testing program for all workplace injuries?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a formal accident investigation and claims reporting process?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Formal Return to Work program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety incentive program in place
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee & management safety committee
<input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship established with a preferred medical provider?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisors accountable for injuries & accidents?
	Employee to Supervisor Ratio
<input type="checkbox"/> Yes <input type="checkbox"/> No	Machinery/equipment property guarded?

Hiring Practices	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Written Application
<input type="checkbox"/> Yes <input type="checkbox"/> No	Criminal Background Check
<input type="checkbox"/> Yes <input type="checkbox"/> No	Experience / Reference Check
<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Interview Conducted
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Hire Drug Testing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Hire Physical Fitness Test
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are personnel files documented for pre-existing injuries?
<input type="checkbox"/> Yes <input type="checkbox"/> No	New employee orientation, job specific and safety training conducted?

Safety Practices	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Formal Injury & Illness prevention program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Material lifting and handling training provided
<input type="checkbox"/> Yes <input type="checkbox"/> No	Quarterly (or more) safety meetings
<input type="checkbox"/> Yes <input type="checkbox"/> No	Quarterly (or more) safety training
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees required to wear non-slip shoes
<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Protective Gear use required