

MIDWESTERN INSURANCE ALLIANCE

WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION (SAWMILL & WOOD PRODUCTS)

P. O. BOX 436909 • LOUISVILLE, KY • 40253-6909 • (502) 429-9990



SUBMISSION DATE

General Information

Company Name			Website	
Business Address			Proposed Period	to
Type of Business Activity	% Sawmill	% Hardwood Floor Mill	% Plywood Mill	
	% Planing Mill	% Particle/Chip Board Mfg	% Wood Veneer Manufacturing	
	% Pole Mill	% Truss/Bldg Component Mfg	% Cabinet Mfg	
	% Millwork	% Trucking		
	% Other (describe)			
Type of Wood Sold/Milled				
Years in Business		Describe Operations		
Any Change in Ownership Within Past 5 Years?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Number of Employees		Number of Employees at same Time Last Year		
Gross receipts for the last three months		Gross receipts from the same three months last year		
Describe any contract labor used?				
Does the applicant have up-to-date worker's compensation certificates of insurance on all contractors (including contract haulers) used?				
Is workers' comp coverage currently in force for the applicant?			Is the applicant currently in an assigned risk program?	

Fixed and Handheld Equipment

List Fixed Equipment Used (i.e. Saws, Dip Tanks, Chain Saws, Edger, Dry Kilns, Notchers, Grading Chains, End Trimmers, Debarkers, Chippers, etc.) Please distinguish between circular and band saws	Number	Type

Please answer all questions. If the answer to a question is not applicable, please use the phrase N/A

What percentage of the operation is automated (No manual human intervention in the movement of product)?	
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Does the mill have optimization equipment (If "yes" describe)	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>describe</i>)
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Mobile Equipment and Vehicles

	Number	Type
List Mobile Equipment and Vehicles Used (i.e. Tractor-Trailers, Rubber-Tire Loaders, Forklifts, etc.)		

Safety Management

		Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant have a <u>written</u> safety management plan?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are monthly safety meetings conducted <u>and</u> documented?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are documented inspections performed of equipment at least monthly?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there <u>written</u> safety rules that are effectively communicated with employees routinely?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a defined new-hire safety orientation process that effectively addresses the hazards of the job?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the use of personal protective equipment defined in writing <u>and</u> strictly enforced?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the company been cited for any OSHA violations in the past 5 years?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the applicant willing to use modified duty (light duty) as a means of controlling workers' compensation claim costs?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are designated employees trained in first-aid / CPR on each workshift?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are chip guards provided on appropriate equipment (including trim saws)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are anti-kickback devices provided on appropriate equipment (including edge/trim saws, table saws, and planers)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the company have a Lockout/Tagout Program that includes <u>both</u> written procedures and employee training?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the company have an active drug-screening policy?	<input type="checkbox"/> Pre-placement <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Random <input type="checkbox"/> Post Injury
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the company have workers whose primary language is <u>not</u> English?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are safety meetings and written materials provided in both English and non-English?	

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Please answer all questions. If the answer to a question is not applicable, please use the phrase N/A

Signature of Authorized Representative

Producer's Name

Date

Producer's Signature