

Workers Compensation Questionnaire

Business Risk Management, Inc.
708-386-9300 Fax 708-386-0928

Firm Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

_____ Corp _____ Individual _____ Partnership _____ Sub Chapter S _____ LLC

Effective Date: _____

Duties	#Full Time	#Part Time	Payroll
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Officers/Partners to be Included or Excluded

Name	Birthdate	Title	Ownership%	Incl/Excl	Duties	Payroll
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Description of Operations

Workers Compensation Questionnaire

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If "yes", explain below Yes/No

1. Does applicant own, operate or lease aircraft or watercraft? _____
2. Any exposure past or present to hazardous material? _____
3. Any work performed underground or above 15 feet? _____
4. Any work performed on barges, vessels, docks or bridges? _____
5. Applicant engaged in any other business? _____
6. Sub-contractors used? Give percentage or work sub-contracted _____
7. Any work sub-let without certificates of insurance? _____
8. Is a formal safety program in operation? _____
9. Any group transportation provided? _____
10. Any employees under 16 or over 60 years of age? _____
11. Any seasonal employees? _____
12. Is there any volunteer or donated labor? _____
13. Any employees with physical handicaps? _____
14. Do employees travel out of state? _____
15. Are athletic teams sponsored? _____
16. Are physicals required after offers of employment are made? _____
17. Any prior coverage declined, cancelled, or non-renewed? _____
18. Are employee health plans offered? _____
19. Labor interchange with any other business or subsidiary? _____
20. Do you lease employees to or from any other employers? _____
21. Do any employees work predominantly at home? _____

Inspection: _____ Phone: _____

Accounting: _____ Phone: _____

Claims: _____ Phone: _____

Explanation of any "yes" questions: _____

