

Workers' Compensation Exposure Checklist



The following template for a Workers' Compensation Exposure Checklist sets out a range of provisions that could be included and/or customized as appropriate for your operation/business.

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The ACORD 130—Workers' Compensation Application is designed to capture the information needed to underwrite a Workers' Compensation policy. Much of the information requested on the application is suitable for the creation of an exposure checklist. By combining the information solicited on the application with the significance and implications that accompany that information, PIA is offering an exposure checklist tool to evaluate the Workers' Compensation risk of your employer clients. The questions located in the non-application section are not part of the ACORD 130 application.

ACORD 130—Questions from Page 1	
<ul style="list-style-type: none"> <input type="checkbox"/> What type of entity is this applicant? <i>Sole proprietor, partnership, LLC, corporation, or association, etc.</i> <input type="checkbox"/> Which of the principals are intended to be covered? <i>Subject to state law for inclusion or exclusion</i> <input type="checkbox"/> Are relatives intended to be covered? <i>Subject to state law for inclusion or exclusion</i> <input type="checkbox"/> What is the highest floor of the business location? <i>Cumulative injury potential from high-rise fire evacuation</i> 	<ul style="list-style-type: none"> <input type="checkbox"/> Are payroll records sufficient to separate the payroll of workers under multiple classifications and to separate overtime pay? <input type="checkbox"/> Are there any employees who are exempt (consult state laws), but voluntary coverage may be desired? <input type="checkbox"/> Is there a Medical Emergency Response Team in place on the premises to treat injured or ill employees? <input type="checkbox"/> Are there obvious physical hazards present? <input type="checkbox"/> Is personal protection equipment maintained properly and used by trained employees? <input type="checkbox"/> Are required Material Safety Data Sheets kept on site? <input type="checkbox"/> Is this business compliant with other Occupational Safety and Health Administration regulations? <input type="checkbox"/> When was the most recent loss-control inspection?
ACORD 130—24 General Information Questions	
<ul style="list-style-type: none"> <input type="checkbox"/> Does applicant own, operate or lease aircraft or watercraft? <i>Maritime (Jones Act, LWCA, etc.) or aircraft exposure</i> <input type="checkbox"/> Any past, present or discontinued operations involving the storing, treating, discharging, applying, disposing or transporting of hazardous material (e.g., landfills, wastes, fuel tanks, etc.)? <i>Chemical injury or illness exposure</i> <input type="checkbox"/> Any work performed underground or above 15 feet? <i>Collapse or falling from height exposure</i> <input type="checkbox"/> Any work performed on barges, vessels, docks, or bridges over water? <i>Maritime (Jones Act, LWCA, etc.) exposure</i> <input type="checkbox"/> Is applicant engaged in any other type of business? <i>Additional business classifications may be assigned</i> <input type="checkbox"/> Are subcontractors used? <i>Principal employer exposure—statutory obligation to employees of uninsured subcontractors</i> <input type="checkbox"/> Do all subcontractors provide a certificate of insurance? <i>Debit exposure at premium audit</i> <input type="checkbox"/> Is a written safety program in operation? <i>Regulatory compliance exposure, as well as good risk-management indicator</i> <input type="checkbox"/> Any group transportation provided? <i>Cumulative injury potential from a vehicle accident</i> <input type="checkbox"/> Any employees under 16 or over 60 years of age? <i>Regulatory compliance with minor employees and severity of injury issues with elderly employees</i> <input type="checkbox"/> Any seasonal employees? <i>Inexperienced worker exposure</i> <input type="checkbox"/> Is there any volunteer or donated labor? <i>For-profit entities have a potential premium audit issue; inexperienced worker issue</i> 	<ul style="list-style-type: none"> <input type="checkbox"/> Any employees with physical handicaps? <i>Injury severity issues; appropriate accommodations in the workplace</i> <input type="checkbox"/> Do employees travel out of state? <i>Other states insurance exposure (watch for monopolistic states); foreign voluntary or international exposure</i> <input type="checkbox"/> Are athletic teams sponsored? <i>Potential sports injury exposure (consult state law)</i> <input type="checkbox"/> Are physicals required after offers of employment are made? <i>Applicable to a job that requires specific physical abilities</i> <input type="checkbox"/> Any other insurance with this insurer? <i>Supporting business; particularly, general liability and commercial auto insurance</i> <input type="checkbox"/> Any prior coverage declined, cancelled, or nonrenewed in the last three years? <i>Potential underwriting risk</i> <input type="checkbox"/> Are employee health plans provided? <i>Disincentive to file Workers' Compensation claim for off-the-job injury or illness</i> <input type="checkbox"/> Do any employees perform work for other businesses or subsidiaries? <i>Increased benefit exposure from other earned wages</i> <input type="checkbox"/> Do you lease employees to or from other employers? <i>Special treatment for leased workers—alternate employer endorsements</i> <input type="checkbox"/> Do any employees predominantly work at home? <i>Safety inspections of homes, including ergonomic standards; clear guideline needed for when work time begins and ends</i> <input type="checkbox"/> Any tax liens or bankruptcy within the last five years? <i>Management incompetence and nonpayment of premium exposure</i> <input type="checkbox"/> Any undisputed and unpaid Workers' Compensation premium due from you or any commonly managed or owned enterprises?

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