FORESIGHT

Foresight Workers Compensation Supplemental Construction

Submitter Name:

Insured Company Name:

General Construction

Financial Information

Do any customers represent more than 25% of the revenue?	Unknown ☐	Yes ☐	No ☐

Business Operations - Hiring

Does the insured expect to have >10% fluctuations in Payroll this coming policy year? *	Unknown ☐	Yes ☐	No ☐
Has there been greater than 20% employee turnover in the last 3 years? *	Unknown ☐	Yes ☐	No ☐
Is any of the workforce paid piece rate?	Unknown ☐	Yes ☐	No ☐
Has the insured used any temp or day labor in the last 12 months? *	Unknown ☐	Yes ☐	No ☐
Does the insured plan to use any temp or day labor in next 12 months? *	Unknown ☐	Yes ☐	No ☐
Does the insured subcontract out work? *	Unknown ☐	Yes ☐	No ☐

Business Operations

Are employees required to travel international, interstate or overnight for work? *	Unknown ☐	Yes ☐	No ☐
Do employees operate heavy machinery (forklifts, excavators etc.)?	Unknown ☐	Yes ☐	No ☐
Does the insured perform new builds? *	Unknown ☐	Yes ☐	No ☐
Does the insured perform any residential work? *	Unknown ☐	Yes ☐	No ☐
Does the business perform any work on barges, vessels, docks, or bridges over water? *	Unknown ☐	Yes ☐	No ☐
Do you service or install windmills? *	Unknown ☐	Yes ☐	No ☐
Do you service or cell towers? *	Unknown ☐	Yes ☐	No ☐

Business Operations - Vehicles

Do 6 or more employees travel in the same vehicle together to work? *	Unknown ☐	Yes ☐	No ☐
Does the insured provide employee transportation to work?	Unknown ☐	Yes ☐	No ☐
Does the insured engage a 3rd party contractor to provide employee transportation?	Unknown ☐	Yes ☐	No ☐
Are employees paid for transportation time?	Unknown ☐	Yes ☐	No ☐
Does the insured actively manage employee driving risks?	Unknown ☐	Yes ☐	No ☐

Safety Operations

Does the insured have a dedicated Safety Manager? *	Unknown ☐	Yes ☐	No ☐

*must be completed

Does the insured perform regular safety inspections?	Unknown ☐	Yes ☐	No ☐
Does the insured provide safety orientation for new employees?	Unknown ☐	Yes ☐	No ☐
Does the insured enforce safety protocols to the employees?	Unknown ☐	Yes ☐	No ☐

Hazard Control

Does the insured have drivers employed in their operations? *	Unknown ☐	Yes ☐	No ☐
Do employees perform work at heights? *	Unknown ☐	Yes ☐	No ☐
Does the insured install trusses?	Unknown ☐	Yes ☐	No ☐
Do employees have any exposure to hazardous materials ? e.g. asbestos, Lead *	Unknown ☐	Yes ☐	No ☐
Does the insured have powered equipment for material handling?	Unknown ☐	Yes ☐	No ☐
Does the insured perform trenching or excavation work to a depth greater than 20 feet? *	Unknown ☐	Yes ☐	No ☐
Does the insured perform work adjacent to live traffic? *	Unknown ☐	Yes ☐	No ☐
Are construction vehicles operating adjacent to employees?	Unknown ☐	Yes ☐	No ☐

Thank You