

# Potential Group Member Risk Management/ Claims Summary

**GENERAL INFORMATION :**

Prospective Group Member: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Title: \_\_\_\_\_

Number of Years in business: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Title \_\_\_\_\_ Phone: \_\_\_\_\_

Who is in charge of ensuring each claim is properly investigated and handled until completion? (list all,). Include job title, hire date, experience and credentials. What percentage of their time is spent administering WC claims?

\_\_\_\_\_

List person(s) responsible for overseeing Risk and Loss Control Programs with area of responsibility. Include title, hire date, experience and credentials:

\_\_\_\_\_

**Claims, Safety and Loss Control Checklist:**

Does applicant have a written safety program for all facilities (in compliance with SB198)? Yes \_\_\_\_\_ No \_\_\_\_\_

Are monthly safety inspections performed? \_\_\_\_\_ If so, by whom \_\_\_\_\_

Is modified duty offered to an injured employee? Yes \_\_\_\_\_ No \_\_\_\_\_

How Long: \_\_\_\_\_

What is the time frame for reporting and investigating accidents? Hours \_\_\_\_\_ Days \_\_\_\_\_

Safety Incentive Programs in place? Yes \_\_\_\_\_ No \_\_\_\_\_

Description: \_\_\_\_\_

Hazardous communications in place? Yes \_\_\_\_\_ No \_\_\_\_\_

Monitored by \_\_\_\_\_

Progressive Disciplinary Program in place? Yes \_\_\_\_\_ No \_\_\_\_\_

Other Safety Programs in place (PPE, Bloodborne Pathagenc, LockOut/TagOut, etc)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Description: \_\_\_\_\_

Safety Committee(s)? Does each facility have a safety committee and how often do they meet? Yes \_\_\_\_\_ No \_\_\_\_\_

Description: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Broker \_\_\_\_\_ Phone Number \_\_\_\_\_

