

Risk Management Supplemental

Dedicated Safety Resources	
Name of Insured:	
Does the Insured employ a Safety / Loss Control / Risk Management / AP Manager / Consultant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please complete the following information:	
Name:	Title:
Phone:	Email:
Full Time: <input type="checkbox"/> Yes <input type="checkbox"/> No Part Time: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reports Directly To:	
Does the Insured have a Safety Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how often does the Safety Committee meet?	
Safety Committee Activities:	
Safety Committee Accomplishments:	
Comments:	

Formal Safety Program	
Does the Insured have a written Safety Manual? (If yes, please attach copy.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date last reviewed or updated:	
How long has the Insured been self-insured?	
Is a signed policy statement by top management included in the manual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Safety performance incentive program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Progressive disciplinary procedures in place for safety violations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drug & Alcohol Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zero tolerance policy for drug/alcohol usage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	

Employee Training	
Safety training/meetings conducted regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, frequency:	
Topics documented? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employee attendance mandatory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Documentation of employee attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	

Accident Review & Investigation	
Accident Investigation procedures in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Accident Investigation forms used in the process? (If yes, attach examples of forms used) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Root Cause analysis part of the investigative procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Documented & Reviewed corrective actions taken? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Accident History regularly reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Insured:

Accident Review & Investigation – Cont.		
Define Frequency Loss Leaders:		
Define Severity Loss Leaders:		
Define Actions/Activities to Address Loss Leaders Accident Prevention:		
Is Safety Performance part of the management performance evaluation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a defined medical provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Post-Accident drug test protocols in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Early Return to Work (ERTW) policy in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		

Fleet Safety		
Department of Transportation (DOT) regulated fleet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Most Recent DOT Audit and Rating:		
USDOT Motor Carrier Number:		
Documented driver safety training provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any employees regularly operate personal vehicles on company business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee vehicle usage reimbursement policy in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seat Belt policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Device usage policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any transportation of hazardous/toxic/corrosive chemicals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		

Fall From Elevation Exposures		
Does the Insured include a fall from elevation exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
Is there a Fall Prevention Program in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
Comments:		

Public Entity Only		
Post offer physical examinations required for all first responders (including Paid & Volunteer Police / Firefighters / EMTs)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual physical examinations required for (including Paid & Volunteer Police / Firefighters / EMTs)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		



For Additional Information,
Please Contact:

excessworkerscomp@midman.com
800.800.4007
midlandsmgt.com