



Workers' Compensation Supplemental Application: Grocery Store

Policyholder Name: _____

Policy Number (if application is for a renewal): _____

Web Site Address (if applicable): _____

Agency Name: _____

<i>Complete answers to the following questions will help us gain a better understanding of this business's operations. Thank you!</i>	
Will the employer consider temporary modified-duty and/or alternative-job assignments to assist ill/injured employees in staying at or returning to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the employer have a written Safety Program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the employer have regular safety meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What are the employer's sources for hiring new employees?	
What are the business's hours of operation?	
Does all kitchen equipment have proper safety guards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is non-slip footwear worn by employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do employees regularly unload incoming trucks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe any existing delivery exposure.	
Describe any unusual exposures/controls for this business.	

Please use the reverse side as necessary to complete this form.

Fraud Notice

Applicable in Tennessee and Vermont: It is a crime to knowingly provide false, incomplete or misleading information to any party to a Workers' Compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: Substantial] civil penalties. (Specific language not applicable in CO, FL, HI, MA, NE, OH, OK, OR, TN, or VT; in DC, LA, ME, VA, and WA, insurance benefits may also be denied.)

I am an authorized representative of the applicant and certify that reasonable enquiry has been made to obtain the correct coverages, rating values and answers to questions included in this application. I certify that the answers are true, correct and complete to the best of my knowledge.

Signature
Print Name
Date