



Workers' Compensation Questionnaire

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Submit Nonprofit Questionnaire and appropriate ACORD forms with this questionnaire. Use additional page to answer questions fully, if necessary.

Name of organization _____

Workers' Compensation contact _____ Phone _____ E-mail _____

Does your organization provide these client services? <i>(check all that apply)</i>	<input type="checkbox"/> Developmental training	<input type="checkbox"/> Residential
	<input type="checkbox"/> School	<input type="checkbox"/> Sheltered workshop
Does your organization serve clients in these age groups? <i>(check all that apply)</i>	<input type="checkbox"/> Children (12 and younger)	<input type="checkbox"/> Adults
	<input type="checkbox"/> Teenagers	<input type="checkbox"/> Seniors (65 and older)
Extent of disability for developmentally disabled clients <i>(check all that apply)</i>	<input type="checkbox"/> Mild/moderate	<input type="checkbox"/> Severe/profound
Nature of illness for mentally ill clients <i>(check all that apply)</i>	<input type="checkbox"/> Antisocial personality disorder	<input type="checkbox"/> Other mental illness
	<input type="checkbox"/> Behavior disorder	<input type="checkbox"/> Other sociopathic disorder
	<input type="checkbox"/> Senile dementia	
Do your clients have a history of the following? <i>(check all that apply)</i>	<input type="checkbox"/> Conviction for violent crime	<input type="checkbox"/> Running away
	<input type="checkbox"/> Physical attack upon staff	<input type="checkbox"/> Gang participation
	<input type="checkbox"/> Fire setting	<input type="checkbox"/> Sexual abuse
Is your staff expected to physically restrain clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
No. of physical attacks by clients upon staff in the last 12 months per incident reports	_____	
No. of physical restraints by staff in the last 12 months per incident reports	_____	
Level of physical assistance needed by your clients <i>(check all that apply)</i>	<input type="checkbox"/> Clients are independent or need staff supervision only	
	<input type="checkbox"/> Prompting and guiding, but no lifting of clients	
	<input type="checkbox"/> Lifting required, but clients can bear some weight	
	<input type="checkbox"/> Clients are totally dependent	
Assistive devices used to lift and transfer clients <i>(check all that apply)</i>	<input type="checkbox"/> Shower chairs	<input type="checkbox"/> Gait belts
	<input type="checkbox"/> Bathtub lifts	<input type="checkbox"/> Walking belts (gait belts with handles)
	<input type="checkbox"/> Sit-to-stand type	<input type="checkbox"/> Total dependent type
	<input type="checkbox"/> Portable mechanical lifts	<input type="checkbox"/> Other (describe) _____
Services performed by staff who visit client homes <i>(check all that apply)</i>	<input type="checkbox"/> Housecleaning	<input type="checkbox"/> Nursing care
	<input type="checkbox"/> Shopping	<input type="checkbox"/> Lifting and transferring disabled clients
	<input type="checkbox"/> Social companion only	<input type="checkbox"/> Transporting clients
	<input type="checkbox"/> Bathing clients	<input type="checkbox"/> Other (describe) _____
	<input type="checkbox"/> Shaving clients	
Are cooking surfaces protected by automatic fire suppression systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

No. of staff custodial workers (maintenance and janitorial) _____

Custodial work performed by staff
(check all that apply)

- Cleaning, nonindustrial cleaners and chemicals only
- Cleaning, use of industrial cleaners and chemicals
- Electrical work, replacement of light bulbs and fuses only
- Electrical or mechanical work
- Grounds maintenance, snow removal and lawn mowing only
- Light carpentry, no power tools except electric hand drills
- Light carpentry, use of power tools
- Machinery maintenance, restricted to visual inspection and lubrication, filter replacement, and similar service where no shutdown is required and there is no risk of contact with electricity or moving parts
- Painting, water-based paint only and no work at heights above one story
- Work at heights above one story
- Other (describe) _____

Does your organization employ clients?

Yes No

Work performed by client-employees
(check all that apply)

Sheltered workshop

Other activities

- Sorting and counting
- Assembly
- Packaging
- Other (describe) _____

- Landscaping
- Use of industrial chemicals
- Work at heights above one story
- Use of power tools

Custodial

Electrical or mechanical work

Cleaning

Other (describe) _____

Other (describe) _____

Attachments

Submit the following documentation with this questionnaire

- ACORD Workers' Compensation Application
- Loss history for the last five years

The undersigned is an authorized agent of the persons and organization proposed for this insurance and hereby declares that to the best of his or her knowledge the statements herein are true and complete. Signing this document does not bind the insurance carrier to provide coverage. Any quote or policy issued is made in reliance on the answers supplied herein.

This form has been completed by

Signature

Date

Name

Title