



**WORKERS COMPENSATION
SUPPLEMENTAL APPLICATION**

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **ARGONAUT INSURANCE COMPANY** OR **ARGONAUT GREAT CENTRAL INSURANCE COMPANY**, A LICENSED INSURER.

Entity Name	Date
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Current experience modification: (Please attach a copy of the worksheet)

Complete each section for the operations of the Insured. Please attach additional sheets for detailed explanation if necessary.

LOSS PREVENTION / CLAIMS MANAGEMENT		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the entity maintain a written safety program?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant perform any drug testing of its employees?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the entity have a full time risk manager or safety director?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the entity provide safety training to employees & volunteers on a regular basis?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the entity maintain a return to work program? If Yes, does the program extend to: Police <input type="checkbox"/> Yes <input type="checkbox"/> No Fire <input type="checkbox"/> Yes <input type="checkbox"/> No Public Works <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the entity maintain an accident investigation program?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the entity require its firefighters to have annual medical screenings?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the entity require its firefighters to have annual physical and agility testing?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the entity require its Police to have annual medical screenings?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the entity require its Police to have annual physical and agility testing?	
Hearing Conservation Program – Audiometric Testing		
Department	Audiometric Baseline Test at Hire?	Annual Audiometric Testing?
Police	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Works	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the current number of firefighters? Paid: _____ Volunteer: _____		
What is the maximum number of employees at a single location at any one time? _____		
Please list this location: _____ Number of Floors in this building? _____		

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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