



AMERICAN LIBERTY
INSURANCE

SUPPLEMENTAL APPLICATION

Applicant Name: _____ Proposed Eff. Date: _____
Federal Employer ID# _____ Applicant Website: _____
Producer: _____ Payroll Company: _____

EMPLOYEE BENEFITS

Employee Health Plans Provided? Yes No
Percent Paid By Employer? _____% Owner(s)/Officer(s) have coverage? Yes No

SAFETY PROGRAM

Written Safety Plan in place? Yes No
Safety Meetings Held? Yes No If Yes, How Often? _____ Minutes Kept? Yes No
Describe Personal Protective Equipment used. (If any) _____
Describe Premises Conditions : _____
Comments: _____

DRUG/ALCOHOL SCREENING

Pre Hire? Yes No Comments: _____
Post Accident? Yes No _____
Random? Yes No
Screening Program Required of all Officers, Managers, and Employees? Yes No

ACCIDENT INVESTIGATION PROGRAM

Who conducts investigations of injuries? _____
Records Maintained? Yes No Does Insured have a Safety Coordinator? Yes No
Name of Safety Coordinator: _____

VEHICLES AND EQUIPMENT

Company Owned Vehicles? Yes No If Yes List types: _____
Transportation of Employees? Yes No Comments: _____
Delivery? Yes No Radius of Operation: _____ Driver MVR's checked? Yes No
Any Scaffolding installed Yes No Max height Worked? _____
Type of Fall Protection Used? _____
Describe Machine Guarding: _____
Lock-out / Tag Out Procedures? Yes No

SUB-CONTRACTORS

Any Used? Yes No Certs Required? Yes No What Type of Work is Sublet?
If yes, % Used: _____

DESIGNATED MEDICAL PROVIDER

Do you currently use a designated clinic for injuries? Yes No _____
Will you use American Liberty's? Yes No

RETURN TO WORK PROGRAM? Yes No IF YES, is it required? Yes No

Brief description of operations and comments:

Insured Signature: _____ Date: _____
Producer Signature: _____ Date: _____