

Hotel Questionnaire

Supplemental to Fully Completed ACORD 130 Workers' Compensation Application

Applicant Name		Effective Date	
FEIN		Website	
Description of Operations			
Hiring Practices			
☐ Yes ☐ No	Written Application		
☐ Yes ☐ No	Written Job Description		
☐ Yes ☐ No	Background / Reference Check		
☐ Yes ☐ No	Pre-Hire Drug Testing		
☐ Yes ☐ No	Pre-Hire Physical Fitness Test		
Safety Practices			
☐ Yes ☐ No	Formal Injury & Illness prevention program		
☐ Yes ☐ No	Formal Return to Work program		
☐ Yes ☐ No	Quarterly (or more) safety meetings		
☐ Yes ☐ No	Quarterly (or more) safety to	raining	
☐ Yes ☐ No	Safety Incentive Plan		
Management Practices, Operations, Loss Control, Claims Handling & Benefits			
☐ Yes ☐ No	Is there a FT risk/safety mgr.	: employed whose job is 50%+ safety related?	
☐ Yes ☐ No	Is there a post-accident drug	g testing program for all workplace injuries?	
☐ Yes ☐ No	Is there a formal accident in	vestigation and claims reporting process?	
☐ Yes ☐ No	Do more than 50% of emplo	oyees receive group health that is 50%	
	employer paid?		
☐ Yes ☐ No	Do you provide vacation and sick time to all employees?		
☐ Yes ☐ No	Are you open for business 24 hours?		
☐ Yes ☐ No	Do you use a team approach when flipping or turning mattresses?		

☐ Yes ☐ No	Do you operate shuttle transportation for guests?	
☐ Yes ☐ No	Does any of your staff conduct any landscaping or building maintenance	
	or repairs?	
☐ Yes ☐ No	Do any of your employees deliver food off premises?	
☐ Yes ☐ No	Are employees required to wear non-slip shoes?	
☐ Yes ☐ No	Does your kitchen staff use cut resistant gloves?	
☐ Yes ☐ No	Do you have lifting devices that assist employees with items that weigh	
	more than 50lbs?	