

SB Recommend, Inc.

606 S. Boulevard
The Hillsborough County Medical Association Building
Tampa, FL 33606
813.441.0477 ph/fax/cell

Risk Management Questionnaire

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Does applicant own, operate or lease aircraft or watercraft? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do or have past, present, or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material? (i.e. landfills, waste, fuel tanks, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any work performed underground or above 15 feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any work performed on barges, vessels, docks, bridges, over water? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is applicant engaged in any other type of business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are subcontractors used? If yes, give % of work subcontracted. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Any work sublet without certificates of insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is a formal safety program in operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Any group transportation provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Any delivery or vehicle exposure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Any employee under 16 or over 60 years of age? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Any seasonal employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there any volunteer or donated labor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is there any union activity or a unionized workplace? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you anticipate any layoffs or closures within the next 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you had any layoffs or closures in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do employees travel out of state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are physicals required after offers of employment are made? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Is there a labor interchange with any other business or subsidiary? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Has the applicant filed or do they intend to file for Chapter 7 or 13 protection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Is there a light duty return to work program for injured employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Will the applicant be willing to implement a light duty program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Has prior coverage with either a PEO or insurance carrier been declined, cancelled, or non-renewed in the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Do any of the employees live on property or receive housing discounts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Does the applicant have any employees that live outside Florida? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Does the applicant have any employees that perform work outside Florida? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Does the applicant have any 24 hour exposure or employees on call? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Has the applicant been robbed during the last 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |

Provide details:

29. Is the applicant a restaurant or bar?

Total Gross Receipts:

\$ _____

Total Food Receipts:

\$ _____

Total Alcohol Receipts:

\$ _____

30. Do you have additional locations? If yes, list sites below.

Workers' Compensation

Tell me about your Workers' Compensation Insurance.

Tell me about your Safety Program and/or Safety Manuals.

Tell me about your Injury History.