

Sam Bond Benefit Group, Inc.

200 Beach Drive, Suite 9
St. Petersburg, FL 33701
813.441.0477 ph/fax/cell

Risk Management Questionnaire

	YES	NO
Business Name: _____		
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 prospect 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 prospect 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 prospect have any employees that live outside Florida?	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the prospect have any employees that perform work outside Florida?	<input type="checkbox"/>	<input type="checkbox"/>
27. Does the prospect have any 24 hour exposure or employees on call?	<input type="checkbox"/>	<input type="checkbox"/>
28. Has the prospect been robbed during the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Provide details:		
29. Is the prospect a restaurant or bar?	<input type="checkbox"/>	<input type="checkbox"/>
Total Gross Receipts:		\$ _____
Total Food Receipts:		\$ _____
Total Alcohol Receipts:		\$ _____
30. Do you have additional locations? If yes, list sites below.	<input type="checkbox"/>	<input type="checkbox"/>

Worker's Compensation

Tell me about your Workers' Compensation Insurance.

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

Tell me about your Injury History.