TPM Total Program Management
4175 Veterans Memorial Hgwy. Suite 306 Ronkonkoma, NY 11779 • (631) 319-6210 • (631) 319-6208

ARC SUPPLEMENTAL APPLICATION

Insured: ______________________ Eff Date: ____________ FEIN NO. ____________
Contact Name & Title: ______________________ Tel. No.: ____________ Fax No.: ____________

INSURED HISTORY:

Years in business:_______ if less than 5 number of years in trade________ No. of locations ___________
Description of Operations ____
Out of state exposure: ☐ Yes ☐ No If yes, name of states: _____________ Foreign Travel: ☐ Yes ☐ No
Present number of employees: Full-time employees _______ Part-time ______ Seasonal _______ Volunteers_______
Percent of employee turnover in the last 12 months Full-time ____________ Part-time ____________
Employee staffing expectation over the next 12 months Full-time ____________ Part-time ____________
Average hourly wage: Full-time $____________ Part-time $____________ Any Piece work compensation:_______
Benefits provided – are ALL employees eligible ☐ Yes ☐ No If not then who is eligible? ____________

			% paid by employer	**% of participation**
Group Health	☐ Yes	☐ No	________	________
Paid sick leave	☐ Yes	☐ No	________	________
Vacation	☐ Yes	☐ No	________	________
Retirement / Pension Plan	☐ Yes	☐ No	________	________

Name of Healthcare provider: ____
Provide name of clinic, physician, or emergency room used for work place related injury: ____________
Full-time nurse maintained on staff: ☐ Yes ☐ No
CPR training provided ☐ Yes ☐ No

Indicate the safety activities currently established and practiced regularly:

Is Owner active in daily operations ☐ Yes ☐ No, if yes duties performed:____________________
Safety program / IIPP in use compliant with SB 198 ☐ Yes ☐ No
Return to light duty plan ☐ Yes ☐ No Includes full wages ☐ Yes ☐ No
Return to Full-time modified work plan ☐ Yes ☐ No
Designated Full-time safety director ☐ Yes ☐ No Name: ____________________
Safety meetings held for all employees ☐ Yes ☐ No Frequency of meetings ____________
Safety training held for all employees ☐ Yes ☐ No Incentive program for employees ☐ Yes ☐ No
Slip and Fall Prevention Program in place ☐ Yes ☐ No
Hazardous Materials Communication program in place ☐ Yes ☐ No
Personal Protective safety equipment provided for all employees ☐ Yes ☐ No If yes, what type:____________
Supervisors are held accountable for injuries / accidents ☐ Yes ☐ No
Accident investigation program in place ☐ Yes ☐ No

HIRING PRACTICES:

Employment application	☐ Yes	☐ No	Drug/substance abuse	☐ Yes	☐ No
Reference checks	☐ Yes	☐ No	Audiometric testing	☐ Yes	☐ No
Motor Vehicle Record check	☐ Yes	☐ No	Pre/Post employment physical	☐ Yes	☐ No
Volunteer labor used	☐ Yes	☐ No	Pathogenic test (i.e. lead)	☐ Yes	☐ No
Temporary labor used	☐ Yes	☐ No	Orthopedic back test	☐ Yes	☐ No

Does this facility use outside labor &/ or vendors for their healthcare business operations?: Yes__ No__
If "Yes" are Certificates of Insurance obtained for any subcontracted outside vendors?: Yes__ No__
If "No" explain:____
Please indicate the person(s) responsible for maintaining these records:______________Title:____________

OPERATIONS:

Hours of operation: ___________ to ___________ No. of daily shifts:________ No. of days per week:________
Operation includes delivery ☐ Yes ☐ No No. of authorized drivers _______ No. of vehicles _______
Frequency of delivery: Daily ☐ Weekly ☐ Other ☐ ____________________

Delivery radius: < 50 miles ☐ 51-100 miles ☐ 101-250 miles ☐ >250 miles ☐
Frequency of MVR checks ______________________ Participation in CHP Pull program ☐ Yes ☐ No
Driver acceptability standards have been established ☐ Yes ☐ No
Vehicle inspection / maintenance program ☐ Yes ☐ No Frequency ____________________
Vehicle maintenance is performed by employees ☐ Yes ☐ No
Employees take vehicles home at night ☐ Yes ☐ No

CATASTROPHE EXPOSURE:

Does insured work within 2 miles of the following building or facilities:

Government or Military base ☐ Yes ☐ No
Financial Institutions including national/regional stock exchange ☐ Yes ☐ No
Sport Stadiums/Arenas and Theme Parks ☐ Yes ☐ No
Major Bridges, Tunnels or Dams ☐ Yes ☐ No
Utilities or Power Generation Plants ☐ Yes ☐ No
Transportation Hubs, Railroads, Airports or Shipping ☐ Yes ☐ No
Historic/Symbolic buildings, monuments or parks ☐ Yes ☐ No

PAYROLL AND PREMIUM HISTORY:

Payroll: Current Yr. ______________ Premium: Current Yr. ____________ Mod: Current Yr:________
1st Prior Yr. ______________ 1st Prior Yr. ____________ 1st Prior Yr. ________
2nd Prior Yr. ______________ 2nd Prior Yr. ____________ 2nd Prior Yr. ________
3rd Prior Yr. ______________ 3rd Prior Yr. ____________ 3rd Prior Yr. ________

EXPOSURE INFORMATION – FIXED LOCATION - EMPLOYEES

Location #	Payroll	Total # of Employees	# of Shifts	Maximum # of Employees Per Shift
	$			
	$			
	$			
	$			
	$			

ARC EXPOSURES/CONTROLS:

1. Total number of consumers cared for at this Chapter:______________________
2. Are consumers ever considered as employees of the Chapter? ☐ Yes ☐ No
 If, "yes"; in what capacities or occupations______________
3. Total number and types (residential, workshop etc.) of locations? ______________________
4. Transportation – Maximum number of passengers transported in one vehicle? _____ Radius of transit __________
5. Total number of drivers _______ Total number of vehicles________
6. Is there a formal vehicle maintenance program with records? ☐ Yes ☐ No Are MVR's checked annually? _____
7. Ratio of caregivers/attendants to consumers _____
8. Describe incident avoidance/controls training programs for caregivers: ______________________
9. Are there any volunteers? ☐ Yes ☐ No
 If "yes", describe the volunteer activities______________________
10. What is the total number of volunteers? _______ Are volunteers to be covered as employees? ☐ Yes ☐ No
11. Are there any special events? ☐ Yes ☐ No

If "yes", describe in detail ______________________________

12. Do consumers participate in the special events in any capacity? ☐ Yes ☐ No

If "yes", please describe ______________________________

13. Is there a mechanized lifting procedure for lifting of consumers? ☐ Yes ☐ No

Signature:______________________________ Title:________________ Date:______________

COMPLETE PAGE #3 IF MORE THAN 100 EMPLOYEES PER LOCATION

Reinsurance Information: Must be completed for each location with 100+ employees

Location #1

Street address: ______________________ City: ______________ State: ___ Zip code: _______

Number of employees at this location: ________ Hours of operation: ______________ Number of shifts: _____

Type of construction: Frame (Code 1)___ Joisted Masonry (Code 2) ___ Non-combustible (Code 3) ___

Masonry non-combustible (Code 4) ___ Modified fire resistive (Code 5)___ Fire resistive (Code 6) ___

Seismically retrofit? ☐ Yes ☐ No If yes – year completed: ____

Age of building: _____ Number of floors: ___ Specific floors occupied: ______________

Location is: Single building: __ Multi-building: __ Urban: ___ Suburban: ___ Rural: ___

Class codes: ______________________________

Payroll by class code: ______________________________

Reinsurance Information: Must be completed for each location with 100+ employees

Location #2

Street address: ______________________ City: ______________ State: ___ Zip code: _______

Number of employees at this location: ________ Hours of operation: ______________ Number of shifts: _____

Type of construction: Frame (Code 1)___ Joisted Masonry (Code 2) ___ Non-combustible (Code 3) ___

Masonry non-combustible (Code 4) ___ Modified fire resistive (Code 5)___ Fire resistive (Code 6) ___

Seismically retrofit? ☐ Yes ☐ No If yes – year completed: ____

Age of building: _____ Number of floors: ___ Specific floors occupied: ______________

Location is: Single building: __ Multi-building: __ Urban: ___ Suburban: ___ Rural: ___

Class codes: ______________________________

Payroll by class code: ______________________________

Reinsurance Information: Must be completed for each location with 100+ employees

Location #3

Street address: ______________________ City: ______________ State: ___ Zip code: _______

Number of employees at this location: ________ Hours of operation: ______________ Number of shifts: _____

Type of construction: Frame (Code 1)___ Joisted Masonry (Code 2) ___ Non-combustible (Code 3) ___

Masonry non-combustible (Code 4) ___ Modified fire resistive (Code 5)___ Fire resistive (Code 6) ___

Seismically retrofit? ☐ Yes ☐ No If yes – year completed: ____

Age of building: _____ Number of floors: ___ Specific floors occupied: ______________

Location is: Single building: __ Multi-building: __ Urban: ___ Suburban: ___ Rural: ___

Class codes: ______________________________

Payroll by class code: ______________________________

Reinsurance Information: Must be completed for each location with 100+ employees

Location #4

Street address: ______________________ City: ______________ State: ___ Zip code: _______

Number of employees at this location: ________ Hours of operation: ______________ Number of shifts: _____

Type of construction: Frame (Code 1)___ Joisted Masonry (Code 2) ___ Non-combustible (Code 3) ___

Masonry non-combustible (Code 4) ___ Modified fire resistive (Code 5)___ Fire resistive (Code 6) ___
Seismically retrofit? ☐ Yes ☐ No If yes – year completed: ____
Age of building: _____ Number of floors: ___ Specific floors occupied: ___________________
Location is: Single building: __ Multi-building: __ Urban: ___ Suburban: ___ Rural: ___
Class codes: ____
Payroll by class code: ____