

CALIFORNIA WORKERS' COMPENSATION SCHEDULE MODIFICATION WORKSHEET



Named Insured _____

Pol/Quote # _____

Date _____

PREMISES (+/-10%)											Justification
HOUSEKEEPING											
Very Poor		Poor		Acceptable		Good		Excellent		U/W Approval	
+8	+5	+3	+2	0	0	0	-1	-2	-3		
LIGHTING (work areas/walkways)											
Very Poor		Inadequate		Acceptable		Well-Lit		Extensive Task Lighting		U/W Approval	
+5	+4	+3	+1	0	0	0	-1	-2	-3		
WALKING/WORKING SURFACES (including elevation changes)											
Very Poor		Marginal		Acceptable		Good		Excellent		U/W Approval	
+6	+5	+4	+2	+1	0	-1	-2	-3	-4		
WORK AREA CROWDING											
Poor/Cramped Conditions		Marginal		Acceptable		Good		Excellent Design Setup		U/W Approval	
+6	+5	+4	+2	0	-1	-1	-2	-2	-3		

CLASSIFICATION PECULIARITIES (+/-10%)											Justification
HAZARDS FOR CLASS (compared to industry)											
Very High		Above Expected		Expected		Below Expected		Far Below		U/W Approval	
+10	+8	+6	+2	0	-1	-1	-2	-3	-4		
WAGE SCALE (See caution regarding contractors)											
< 30%		< 10 - 30%		Prevailing Wages		> 10 - 30%		> 30%		U/W Approval	
+6	+4	+2	+1	0	0	-1	-2	-3	-4		
MANUAL HANDLING/EXERTION (consider weight/duration of lift)											
Very Heavy		Heavy		Average		Below Average		Minimal		U/W Approval	
+8	+6	+4	+3	0	0	-1	-2	-3	-3		
FINANCIAL STRENGTH											
Very Poor		Poor		Acceptable		Good		Excellent		U/W Approval	
+8	+6	+4	+3	0	0	0	-1	-1	-1		

MEDICAL FACILITIES (+/- 5%)											Justification
HEALTH BENEFITS											
None		Mgmt./Supvr's Only		> 50% All Employees		All Full Time Employees		All Employees		U/W Approval	
+5	+4	+3	+2	+1	0	-1	-2	-3	-3		
FIRST AID/CPR/TRAINED STAFF											
None		Poor		Acceptable		Good		Excellent		U/W Approval	
+5	+4	+3	+2	0	0	0	-1	-2	-3		
MANAGED CARE USE											
No Formal Program		Emergency Services Only		Verbal Communication Only		Formal Written Program		Actively Utilized Formal Program		U/W Approval	
+3	+2	+2	+1	0	0	0	-1	-1	-2		

Total Agent Request (Page 1) _____

U/W Approved (Page 1) _____

PREMISES

Housekeeping

- Clean Beyond Expectations
- Assigned responsibility
- Slip, trip and fall controls
- Systematic approach/procedures
- Frequency of clean up
- Enforcement

Walking/Working Surfaces

- Floor surfaces
- Changes in elevation
- Stairs/Stairways
- Non-skid flooring
- Off-site conditions
- Use of ladders or scaffolds

CLASSIFICATION PECULIARITIES

Hazards for Class

- Extent of exposures/hazards
- Driving Exposures
- Losses indicative of hazards
- Known crime premises
- Types of materials used
- Security guards/bouncers

Financial Strength

- Ability to pay bills
- Financial health of business
- Profitability track record
- Operating reserves
- Dun and Bradstreet rating

MEDICAL FACILITIES

Health Benefits

- Extent of benefits provided
- Percentage of employees covered

First Aid/CPR/Trained Staff

- First aid kits on site
- On site personnel trained in first aid and CPR

Lighting

- Common walkways - internal and external
- Emergency lighting
- Task lighting
- Changes by shift or work hours
- Night construction

Work Area Crowding

- Aisles clearly defined
- Emergency exits identified
- Exit doors clear and unlocked
- Warehouse operation

Manual Handling/Exertion

- Size of Product
- Weight of items lifted/40 lbs. or more
- Duration of lift
- Frequency of heavy lifting devices
- Loading/unloading of materials

Wage Scale

- Average for the industry
- California contractors-split classes by wage levels
- Union/Non union scale

Managed Care Use

- Preferred providers used
- Formal, written program

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SAFETY DEVICES (+/-5%)											Justification
HAZARD CONTROLS											
No Controls		Substandard Controls		Controls in Place		Well Controlled		Extensive Controls		U/W Approval	
+5	+5	+4	+3	0	0	-1	-2	-3	-3		
MACHINERY GUARDING											
None		Inadequate		Acceptable		Exceeds Acceptability		State of the Art		U/W Approval	
+5	+5	+4	+3	+1	0	0	-1	-2	-3		
PERSONAL PROTECTIVE EQUIPMENT											
None		Inadequate		Acceptable		Exceeds Acceptability		Excellent		U/W Approval	
+5	+4	+3	+2	0	0	0	-1	-1	-1		
MAINTENANCE OF EQUIPMENT											
None		As Needed to Make Repairs		Per Mfg. Specifications		Exceeds Norm		Far Exceeds Norm		U/W Approval	
+4	+3	+2	+1	0	0	0	-1	-2	-2		

EMPLOYEES (+/-10%)											Justification
HIRING PRACTICES (including drivers)											
No System		Limited		Acceptable		Good Screening		Extensive Screening		U/W Approval	
+5	+3	+2	+1	0	-1	-1	-2	-3	-4		
EMPLOYEE TURNOVER/TENURE											
Very High		High		Average		Low		No Turnover		U/W Approval	
+4	+3	+2	+1	0	0	-1	-2	-3	-3		
SAFETY TRAINING											
Inadequate		On the job Training/Shown Once		On the job Training/Exper. Trainer		On the job Training/Supervised		Formal Training Scheduled		U/W Approval	
+5	+3	+2	+1	0	0	0	-1	-2	-3		
RETURN TO WORK/MODIFIED DUTY PROGRAM											
None		Limited		Acceptable		Good		Extensive		U/W Approval	
+4	+3	+2	+1	0	-1	-1	-2	-3	-4		

MANAGEMENT COOPERATION (+/-5%)											Justification
COOPERATION WITH AGENT AND CARRIER											
Poor		Marginal		Satisfactory		Very Good		Exceptional		U/W Approval	
+5	+4	+3	+2	0	0	-1	-2	-2	-3		
CLAIMS REPORTING											
Failure to Report		Delayed Reporting		Acceptable		Prompt Reporting		Immediate Reporting		U/W Approval	
+4	+4	+4	+3	+1	0	0	-1	-2	-2		
COMPLIANCE WITH LOSS CONTROL RECOMMENDATIONS											
Poor		Marginal		Satisfactory		Very Good		Exceptional		U/W Approval	
+5	+4	+3	+2	0	0	-1	-2	-2	-3		

Agent Modification Request (Page 2) _____

U/W Approved Modification (Page 2) _____

SAFETY DEVICES

Hazard Controls

- Type of controls in place
- Anti-slip flooring
- Mechanical lifting devices
- Supervision monitoring work at off premises location/job sites

Machinery Guarding

- Lock/Tagout procedure
- Equipment properly grounded
- Guard usage
- Point of operation guarding
- State of art guards

EMPLOYEES

Hiring Practices

- Written applications, reference checks
- Pre-employment physicals
- Drug/Alcohol testing
- Motor vehicle records
- Driver training programs
- ◆ Provide employee handbooks, MVR's

Employee Turnover/Tenure

- Wage levels
- Education skills
- Long term employees
- Recent layoffs
- Technical sophistication/experience
- Seasonal or second job

MANAGEMENT COOPERATION

Cooperation with Agent and Carrier

- Recent management changes
- Pro-active & reactive to suggestions
- Favorable attitude to improvements
- Premium audit compliance
- Notification of changes

Claims Reporting

- Reporting practices
- Claim reporting trends
- Reporting once notified by employee

Personal Protective Equipment

- Safety gear provided
- Enforcement by Supervisors/Management
- Identify types and use of safety gear

Maintenance of Equipment

- Maintenance documented
- Frequency of maintenance schedule
- Assigned responsibility
- Vehicle inspection and repairs

Safety Training

- Documented safety training
- Disciplinary programs for compliance
- Quality/Extensiveness of training
- Ongoing safety training
- ◆ Provide documentation of safety training program

Return to Work/Modified Duty Program

- Return employees to work at earliest medically approved time
- Modified work
- Job based analysis
- Incentives to return to work
- Number of days without a lost time injury

Compliance with Loss Control Recommendations

- Timely compliance
- Management follow through
- Pro-active/Reactive to Loss Control recommendations

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MANAGEMENT SAFETY (+/- 5%)											Justification
MANAGEMENT INVOLVED IN THE COMMITMENT TO SAFETY											
None		Passive		Involved		Very Involved		Excellent/Committed Support		U/W Approval	
+5	+4	+3	+2	0	0	0	-1	-1	-2		
SAFETY COMMITTEE											
None		Minimal Efforts		Active/Mgt. Employee		Very Active Formal		Extensive Formal		U/W Approval	
+5	+4	+3	+2	0	0	-1	-2	-3	-3		
ACCIDENT INVESTIGATION											
None		First Report Only		Informal/Verbal		Formal/Written		Extensive		U/W Approval	
+4	+3	+2	+1	0	0	0	-1	-2	-2		
SELF INSPECTION											
None		Limited/Informal		Formal Infrequently Used		Formal Regular Use		Extensive at All Job Levels		U/W Approval	
+4	+3	+2	+1	0	-1	-1	-2	-3	-4		
SAFETY INCENTIVE PROGRAM											
None		Performance Criteria		Demonstrated Support		Formal System Rewards		Major Monetary Incentives		U/W Approval	
+2	+1	0	0	0	0	0	-1	-2	-2		

Agent Modification Request (Page 3) _____

U/W Approved Modification (Page 3) _____

Total Agent Modification Request _____

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MANAGEMENT SAFETY

Management Involved in the Commitment to Safety

- Commitment to safety improvement
- Implement/maintain control of working environment
- Formal written documented safety program
- ◆ Provide copy of safety program

Safety Committee

- Meets regularly/documented meetings
- Reviews accidents/accident trends
- Evaluate effectiveness of loss prevention efforts
- Reviews new/outstanding recommendations
- ◆ Provide safety committee documentation

Accident Investigation

- Supervisor accountable
- Workers/Witnesses interviewed
- Investigation documented
- ◆ Provide investigation documentation

Self Inspection

- Ongoing compliance with control/safety practices
- Inspection on a consistent basis
- Checklist used
- Formal documentation
- ◆ Provide inspection documentation

Safety Incentive Program

- Extensiveness of program
- Monetary incentives
- Formal program
- ◆ Provide incentive documentation

WORKSHEET INSTRUCTIONS

All boxes with a dark outline must be justified with rationale for a credit or debit. Use the definitions on the back of these pages for guidance on the areas to be evaluated.