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## Louisiana's Not-for-Profit and Human Service Providers *Workers Compensation Program*

Name of Insured: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 FEIN #: \_\_\_\_\_

Description of Operations: (Please check appropriate agency)

Council on Aging Organization ____	Homeless Shelter ____
Developmentally Disabled ____	Community Action Agency ____
Youth Residential Program ____	Battered Women's Shelter ____
Big Brothers/Big Sisters ____	Other: _____

- |   |                      |
|---|----------------------|
|   | <b><u>Circle</u></b> |
| 1. Is Second Injury Fund questionnaire utilized in hiring practice?           | Yes / No             |
| 2. Is any accident or health insurance provided?                              | Yes / No             |
| 3. Is a formal duty return to work (RTW) program in place?                    | Yes / No             |
| 4. Does the insured have a full time risk manager on staff?                   | Yes / No             |
| 5. Is there a safety incentive program in place?                              | Yes / No             |
| 6. Are safety meetings or training provided?                                  | Yes / No             |
| 7. Are Motor Vehicle Record checks performed?                                 | Yes / No             |
| 8. Is any leased or temporary labor used?                                     | Yes / No             |
| 9. Are personal vehicles used for company business?                           | Yes / No             |
| 10. Is a drug/substance abuse program available?                              | Yes / No             |
| 11. Are reference checks performed?   | Yes / No             |
| 12. Are background checks performed on prospective new hires?                 | Yes / No             |
| 13. Is there a new hire orientation program?                                  | Yes / No             |
| 14. Post Accident Drug Testing?   | Yes / No             |
| 15. Pre-Hire Drug Testing?  | Yes / No             |
| 16. Are all visits to client's home documented by employees with report logs? | Yes / No             |
| 17. Is any volunteer labor used?  | Yes / No             |
| *If yes, Number of volunteers: _____ Duties performed: _____                  |                      |

<b>Current Workers Compensation Profile</b>			
<b>Class Code</b>	<b>Estimated Payrolls</b>	<b># of FT</b>	<b># of PT</b>
8810 - Clerical, Office	\$		
8864 - Social Services Org.	\$		
8842 - Group Homes	\$		
Other Code:	\$		
Other Code:	\$		
Other Code:	\$		
Other Code:	\$		

<b>Insurance History</b>			
<b>Insurance Company</b>	<b>Policy Term</b>	<b>Policy Number</b>	<b>Premium</b>
	2016		\$
	2015		\$
	2014		\$
	2013		\$

Applicant Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_