



**RT WC Specialty**

**Group Home & Social Service Product  
Supplemental Workers' Compensation Application**

Insured Name: \_\_\_\_\_

Insured Web Address: \_\_\_\_\_

Insured FEIN: \_\_\_\_\_

**Payroll/Premium Information:**

<u>Policy Year</u>	<u>Payroll</u>	<u>Premium</u>
4th Prior	\$	\$
3rd Prior	\$	\$
2nd Prior	\$	\$
1st Prior	\$	\$
Current	\$	\$

**Business Operations**

Please provide a detailed description of the operation:

\_\_\_\_\_

\_\_\_\_\_

List the Applicant's State of Operation:

- For Profit   
  Not for Profit   
  Partnership   
  Other

***If other, please specify :*** \_\_\_\_\_

1. Are medical/health insurance benefits provided to employees?  Yes  No
2. Are at least 60% of the insured's staff professional employees?  Yes  No
3. Is 24-hour staffing provided?  Yes  No
4. Indicate percentage of volunteers in the workforce:  
 0%   
  1 – 10%   
  11 – 40%   
  >40%
5. Does the Insured have a Residential Housing Facility?  Yes  No
6. Does the Insured have a formal safety program?  Yes  No
7. Does the insured complete drug testing prior to employment and post accident?  Yes  No

8. Does the insured complete a criminal background check?  Yes  No

9. Does the insured complete a child abuse clearance check?  Yes  No

**Business Operations (Check all that apply):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Mental Health Counseling     | <input type="checkbox"/> Substance Abuse Counseling  | <input type="checkbox"/> Residential/Group Homes |
| <input type="checkbox"/> Foster Care Provider         | <input type="checkbox"/> Secured/Lockdown Facilities | <input type="checkbox"/> Shelters                |
| <input type="checkbox"/> Vocational Training/Programs | <input type="checkbox"/> Crisis Response Team        | <input type="checkbox"/> Adult Day Care          |
| <input type="checkbox"/> Physical/Occ. Health Therapy | <input type="checkbox"/> Drug Treatment/Detox        | <input type="checkbox"/> Health Clinics          |

Please indicate where your employees perform their work:

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Private Homes/Apartment | <input type="checkbox"/> Clinics      | <input type="checkbox"/> Group Homes       |
| <input type="checkbox"/> Shelters                | <input type="checkbox"/> Hospitals    | <input type="checkbox"/> Corporate Offices |
| <input type="checkbox"/> Day Care Setting        | <input type="checkbox"/> Job Coaching | <input type="checkbox"/> Other Locations   |

**If other, please specify:** \_\_\_\_\_

**\*\* The undersigned attests that all information provided is both accurate and truthful. All information provided is subject to verification by way of an underwriting survey or inspection. You must notify RT Specialty of any significant change in operations or payroll. Terms of insurance coverage may be canceled for misrepresentation if information provided is inaccurate.\*\***

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

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

RT Workers' Comp operations are conducted by RT Workers' Comp Specialty, a part of the RT Specialty division of RSG Specialty, LLC (RSG Specialty) and by International Facilities Insurance Services, Inc. (IFIS). RSG Specialty is a Delaware limited liability company based in Illinois. IFIS is a California corporation based in California. RSG Specialty and IFIS are subsidiaries of Ryan Specialty Group, LLC. RT Workers' Comp works directly with brokers, agents and insurance carriers, and as such does not solicit insurance from the public. Some products may only be available in certain states, and some products may only be available from surplus lines insurers. In California: RSG Specialty Insurance Services, LLC (License #0G97516) and International Facilities Insurance Services, Inc. (License #0B23543). ©2022 Ryan Specialty Group, LLC