



Workers' Compensation Supplemental Application
(To be used with ACORD Workers' Compensation Application)

Name of Educational Entity: _____

Quote Need By Date: _____

Provide five (5) year historical payroll information for proper rating:

Prior year: _____
Year 2: _____
Year 3: _____
Year 4: _____
Year 5: _____

Provide the following Underwriting Information (in addition to questions asked on the ACORD):

- 1. Does the applicant have a state certified safety committee for the new policy term? (Certification letter must be received prior to policy issuance to receive the credit.) YES [] NO []
2. Does the applicant have a current panel of physicians/provider panel? (If YES, included a copy of current panel.) YES [] NO []
3. Is there any out of state or foreign travel? If YES, provide details including duties/frequency and country(ies) visited. YES [] NO []
4. Are there any shared services regarding personnel being utilized? (If YES, provide a copy of the contract(s) for review or describe below.) YES [] NO []
5. Are pre-employment screening practices in place for all positions, INCLUDING PHYSICAL ABILITIES TESTING? (If YES, provide copy of the practice followed) YES [] NO []
6. Is there a FORMAL WRITTEN modified duty/return to work plan in place? (If YES, submit a copy of current procedures.) YES [] NO []

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