



Tribal Workers Benefits Supplement			
Named Insured			
Employers Liability Limits Each Accident	\$1,000,000	FEIN Number	
Disease – Each Employee	\$1,000,000	Deductible/ Retention	
Disease Policy Limit	\$1,000,000		

Do you provide employee health benefits		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a designated medical provider for on-the-job employee injuries		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a return to work program		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the tribe have a written workers benefit ordinance in place <i>(please attach a copy)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a written formal safety program		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a designated safety coordinator		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a written policy for timely reporting of injuries		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there post-accident internal investigation		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alcohol or drug screening	At Hire <input type="text"/>	Annually <input type="text"/>	Post-Accident <input type="text"/>
Motor vehicle screening	At Hire <input type="text"/>	Annually <input type="text"/>	Post-Accident <input type="text"/>
Criminal background check	At Hire <input type="text"/>	Annually <input type="text"/>	Post-Accident <input type="text"/>

Term	Total Payroll	Total Premium	State	Class Code	Description	Payroll
Current						
1st Prior						
2nd Prior						
3rd Prior						
4th Prior						
Please provide details on claims over \$25,000 below <i>(attach letter if necessary)</i>						