

Description of Operations, Hiring, Employment & Safety Characteristics

Applicant Name _____ Proposed Effective Date _____
 FEIN _____ Company Website _____

Description of Operations

Misc. (Explain any gaps in coverage, cancellations, significant fluctuations in payroll, etc.)

Employee Breakdown (Top Classes by Payroll Excluding 8810/8742)						
Class Code	# FT	# PT	# Seasonal	# Other	Union?	Avg. Wage Per Hour
					[] Yes [] No	
					[] Yes [] No	
					[] Yes [] No	
					[] Yes [] No	

Hiring Practices	
Check Yes ONLY if Applicable to 75%+ of Labor	
[] Yes [] No	Written Application
[] Yes [] No	Written Job Description
[] Yes [] No	Background/Reference Check
[] Yes [] No	Pre-Hire Drug Testing
[] Yes [] No	Pre-Hire Physical Fitness Test

Safety Practices	
Check Yes ONLY if Applicable to 75%+ of Labor	
[] Yes [] No	Formal Injury & Illness Prevent. Plan
[] Yes [] No	Formal Return to Work Plan
[] Yes [] No	Quarterly (or More) Safety Meetings
[] Yes [] No	Quarterly (or More) Safety Training
[] Yes [] No	Safety Incentive Plan

Management Practices, Loss Control, Claims Handling & Benefits	
[] Yes [] No	Is the ownership active in the day-to-day operations of the company?
[] Yes [] No	Is there a full-time risk/safety manager employed whose job is 50%+ safety related?
[] Yes [] No	Is there a formal and random drug testing program for all employees?
[] Yes [] No	Is there a formal post-accident drug testing program for all workplace injuries?
[] Yes [] No	Upon termination are personnel files documented for any potential workplace injuries?
[] Yes [] No	Is there a formal accident investigation and claims reporting process?
[] Yes [] No	Do more than 50% of employees receive group health through you that is 50%+ employer paid?

Details / Descriptions / Notes

Description of Operations		
Describe the Primary Product(s) You Manufacture (e.g., type, size, materials used, etc.)		
Answer	Question	If Yes, What %?
[] Yes [] No	Do your employees/laborers do any repurposing/reconditioning work?	%
[] Yes [] No	Do your employees/laborers do any off-site installation work?	%
[] Yes [] No	Do your employees/laborers do any off-site teardown/demolition work?	%
[] Yes [] No	Do your employees/laborers do any work using hazardous materials?	%
[] Yes [] No	Do your employees/laborers use heavy lifting devices cranes, hoists, etc.?	%
[] Yes [] No	Do your employees/laborers use forklifts, pallet jacks, etc.?	%
[] Yes [] No	Do your employees/laborers do any machine maintenance?	%
[] Yes [] No	Are all machines locked out / tagged out during/prior to maintenance?	%
Describe any necessary answers from above		

Manufacturing Exposures																																																																																																						
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Machine Exposures (Types, Counts, Etc.)

Name/Type	Column Must Total to 100%	All Machines Guarded*	Must Total to 100% Per Row	
	% Of Operations		CNC	Manual / Other
Boring Machinery	%	[] Yes [] No [] N/A	%	%
Electrical Discharge Machine	%	[] Yes [] No [] N/A	%	%
Hobbing Machine	%	[] Yes [] No [] N/A	%	%
Hone	%	[] Yes [] No [] N/A	%	%
Laser Engraving	%	[] Yes [] No [] N/A	%	%
Lathe	%	[] Yes [] No [] N/A	%	%
Milling Machine	%	[] Yes [] No [] N/A	%	%
Planer	%	[] Yes [] No [] N/A	%	%
Press Brake	%	[] Yes [] No [] N/A	%	%
Punch Press	%	[] Yes [] No [] N/A	%	%
Saw	%	[] Yes [] No [] N/A	%	%
Screw Machine	%	[] Yes [] No [] N/A	%	%
Shaper	%	[] Yes [] No [] N/A	%	%
Surface Grinder	%	[] Yes [] No [] N/A	%	%
Other (Describe Below)	%	[] Yes [] No [] N/A	%	%

*Machine guarding assumes guards at point of operation, drive mechanism, nip points, rotating parts, sparks, etc.

Details / Descriptions / Notes (e.g., any other machinery not specifically described above, etc.)

Occupational Disease Exposures, Controls

Exposure	Exposure Exist?	Formal Exposure Training?	% Employees Exposed
Chemical	[] Yes [] No	[] Yes [] No	%
Dust	[] Yes [] No	[] Yes [] No	%
Hazardous Metals	[] Yes [] No	[] Yes [] No	%
Noise	[] Yes [] No	[] Yes [] No	%
Repetitive Motion	[] Yes [] No	[] Yes [] No	%
Silica	[] Yes [] No	[] Yes [] No	%
Vapor	[] Yes [] No	[] Yes [] No	%
Other	[] Yes [] No	[] Yes [] No	%

Details / Descriptions (e.g., controls, testing, training, etc.)

Signature & Affirmation

By signing this application the client is acknowledging that all information provided on all pages of this supplemental application are complete and accurate representations of work and processes as of the date this application is signed. Additionally, by requesting insurance products through our company you and the client agree to notify us immediately regarding any change in operations that would result in a change in any of the answers provided on this application. All information is subject to verification. Any insurance policy issued may be cancelled, subject to applicable local law, for misrepresentation if the information provided here is not accurate.

Signature of Applicant

Date Signed

Signature of Agent

Date Signed