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

Answer	Question	If Yes, What %?
☐ 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 there any pick-up/delivery operations?	%

Describe any necessary answers from above

Manufacturing Exposures

Size of Raw Material (by %)	Total to 100%
0-1 LB	
1-5 LB	
5-10 LB	
10-25 LB	
25-50 LB	
50+ LB	

Size of Final Product (by %)	Total to 100%
0-1 LB	
1-5 LB	
5-10 LB	
10-25 LB	
25-50 LB	
50+ LB	

Processes- *check all that apply*	Total to 100%
Blow Molding	
Compression Molding	
Injection Molding	
Rotational Molding	
Transfer Molding	
Reaction Injection	
Cast Film Extrusion	
Calendaring	
Vacuum Forming	
Fiberglass	
Pultrusion	
Thermosetting	
Co-extrusion	
Foam Extrusion	
Other	

Materials- *check all that apply*	Total 100%
Acrylic	
Acetal	
A.B.S	
Nylon	
Polycarbonate	
PVC	
Cellulosics	
Fluroplastics	
Melamine	
Polyester	
Fiberglass	
Phenolic	
Formaldehyde	
Nitrile Rubber	
Other	

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