



**General Information**

Named Insured: \_\_\_\_\_  
Address: \_\_\_\_\_  
Website: \_\_\_\_\_  
Contact Name / Position: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Organization Type?    Corporation    LLC    Sole Prop

Operations Narrative

Annual Gross Sales: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Industry Certifications: \_\_\_\_\_

Industry Associations: \_\_\_\_\_

Any OSHA violations in past 3 years?	Yes	No	Any work subcontracted out?	Yes	No
Any open violations?	Yes	No	What work? _____		
If so, are they being addressed?	Yes	No	Are certificates obtained?	Yes	No
Describe: _____			Has bankruptcy been filed in the past 10 years?	Yes	No

Operations		% of Total	Industry		% of Total
Assembly			Aerospace (space / satellite)		
Finishing (plating / anodizing / other)			Aviation (commercial airplane/helicopter)		
Forging / Drawing			Auto / Motorcycle / Truck		
Foundry or Die Cast MFG			Technology		
Grinding			Defense (military)		
Heat Treating			Electronics		
Pattern / Mold MFG			Household		
Plastic MFG			Industrial Machinery		
Precision Parts Machining (CNC MFG)			Instrument MFG		
Sheet Metal (shearing, braking)			Medical: Non Vital / Non Invasive Medical:		
Stamping			Surgical / Invasive Petrochemical /		
Welding			Utilities / Nuclear		
Installation			Tool MFG		
Other			Other		
Other			Other		
Total (should add up to 100%)			Total (should add up to 100%)		



## General Liability Exposures - Section B

● Is the public allowed on premise?	Yes	No
● Is the premise fenced?	Yes	No
● Do you have any guard dogs or security guards?	Yes	No
● Do you have security cameras on premise?	Yes	No
Describe: _____		
● Are you a job shop?	Yes	No
Do you provide design assist?	Yes	No
Do you require customer sign offs on adjustments?	Yes	No
% of work based on customer specifications? _____		
assembly performed?	Yes	No
● Do you manufacture and/or sell any completed products?	Yes	No
Under private label?	Yes	No
● Is there a product recall program in place?	Yes	No
● Do you offer any warranties or guarantees on your products?	Yes	No
● Is your product sold to:	Commercial Customers	General Public
● Where is your product sold:	US / Canada	Outside US

## Business Auto Exposures - Section C

How many personal passenger vehicles ? \_\_\_\_\_

How many company use only commercial vehicles ? \_\_\_\_\_

Do you do any pick ups or delivery? Yes No If so, how far and how often? \_\_\_\_\_

Do you require MVRs on all drivers of company vehicles? ☐ Yes ☒ No

Do you have a "no cell phone usage while driving" policy? ☐ Yes ☐ No

Do any employees take the vehicles home? ☐ Yes ☒ No

Which Employees? \_\_\_\_\_

Are any vehicles not registered to the business? ☐ Yes ☒ No

How are titles held? \_\_\_\_\_

Do any employees who drive a company vehicle not have their own personal insurance? ☐ Yes ☒ No

Describe: \_\_\_\_\_

Do any employees drive into Mexico for business? ☐ Yes ☒ No

Describe: \_\_\_\_\_

Is there a driver safety training program? ☐ Yes ☐ No

Describe: \_\_\_\_\_

Do you have a Vehicle Maintenance & Safety Inspection Program? ☐ Yes ☐ No

Describe: \_\_\_\_\_

### Employee Details

# of volunteers:

Average Tenure: 1.5

## Layoffs: past or future?

Any temporary leased employees? If so, describe usage, what agency, and do they provide you with a certificate of insurance and alternate employer status?

Hours of operation:

Number of years in business:

Turnover rate:

# of part time employees:

Average shop wage: \_\_\_\_\_

Union or Non Union: \_\_\_\_\_

Number of shifts: 1

Are owners active in business?	Yes	No
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Average overtime: \_\_\_\_\_

Employee interviews are conducted by: \_\_\_\_\_

Have hiring practices been reviewed by an HR professional?	Yes	No	When?

Are reference checks conducted?	Yes	No

Are pre-employment physicals performed?	Yes	No

Are post workplace injury drug screens performed?	Yes	No

Is there new employee orientation / training?	Yes	No

Is there modified duty available?	Yes	No

Are pre-employment drug screens performed?	Yes	No

Are motor vehicle records checked?	Yes	No

Is there a formal apprenticeship program in place?	Yes	No

When was your employee handbook last updated?

Is group Medical Provided?	Yes	No
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Describe: \_\_\_\_\_

Number of employees enrolled?

Waiting period to enroll employees?

Employer contribution % for employees?

Is a Retirement / 401k plan provided?	Yes	No
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Is Paid vacation / PTO provided?	Yes	No

## Safety Practices

Employers should maintain an effective, written **Injury & Illness Prevention Program (IIPP)** and to provide a safe/healthful workplace for employees. Elements include:

- ➔ A safety policy that identifies the individual(s) responsible for safety, e.g. (owner).
- ➔ Employee safety/health training and instruction, e.g. (correct demonstrations).
- ➔ Safety communication with employees/management, e.g. (promotional meetings).
- ➔ Identify & correct hazards on a regular basis, e.g. (work place inspections).
- ➔ Accident investigation procedures, e.g. (seek root causes & solutions).
- ➔ Method for correcting unsafe/unhealthy conditions, e.g. (job safety analysis, "JSA").
- ➔ Assuring employee safety compliance, e.g. (disciplinary procedures).
- ➔ Program documentation and recordkeeping, e.g. (OSHA Form 300/300A).

Does your company provide a written safety/health program including required elements and if not, are you willing to work to develop them?

Yes No

Is there a management representative actively involved in overseeing daily operations and workplace safety?

Yes No

If Yes, provide name: \_\_\_\_\_

What type of employee accidents have happened in the past?

What is being done to prevent employee accidents?

What happens when an employee violates a safety rule?

Have there been any OSHA violations in the past three years?

Yes No

On a 1-10 (10 = great), how do you rate the typical housekeeping in your location?

\_\_\_\_\_

What are mandatory use, personal protective equipment requirements for employees?

Other hazards worth reviewing, e.g. confined space?

Yes No

If Yes, provide details: \_\_\_\_\_

## Machine Safeguarding

Machines having a grinding, shearing, punching, pressing, squeezing, drawing, cutting, rolling, mixing, or similar action, in which the employee comes within the danger zone must be guarded at the point of operation.

- **Danger Zone** = any place around the machine where employee may be struck by, or caught between moving parts, or by moving & stationary objects.
- **Point of Operation** = that location where material is fed to the machine. There must be a guard, or sufficient separation distance to prevent the finger of average size hands from reaching the point of operation.

Can you identify machines in your shop that require machine guarding?	Yes	No
Are all of your machines operated adequately <u>guarded</u> , and if not, are you willing to provide and enforce the use of necessary guards?	Yes	No
Do you provide employee operational competency & safety training to machine operators?	Yes	No
<i>If Yes, how often?</i>		
Do you have a written, effective lock-out/tag out program during machine maintenance?	Yes	No
Is a pre-shift inspection made to ensure machine guards are correctly positioned, intact and in place?	Yes	No
Do machines have an emergency stop device?	Yes	No

Comments:

## Occupational Disease Controls

Information about the identities and hazards of chemicals must be available and understandable to workers. OSHA has adopted the **Hazard Communication Standard**, aka: "**HAZCOM**" and the "**Employee Right to Know Act**," requires the development and dissemination of protective information.

Does your company have a written <u>HAZCOM</u> program that follows the requirements of labeling, maintaining safety data sheets for exposed workers and documented training to ensure chemicals are handled appropriately?	Yes	No
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Safety data sheets provide important information to protect employees from exposure to a particular hazardous chemical and must be accessible to employees in a three-ring binder, or electronically. Is this provided?	Yes	No
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### Respiratory Protection Programs

These are required when employees are exposed to airborne substances, such as fumes, mists, gases, vapors, harmful dusts and oxygen deficient atmospheres. Methods for controlling exposures include engineering controls, e.g. mechanical vacuum/filtration systems, substitute less toxins, air flow (local) ventilation & respirators.

What exposures does your operation have and what methods you are using to protect employees?

Comments:

### Noise/Hearing Conservation Program

This must be maintained whenever employee noise exposures equal, or exceed an 8-hour time-weighted average, sound level of 85 decibels (dBA). This includes noise exposure assessments and monitoring when noise levels change.

What exposures does your operation have and what protective methods are you using for employees?

Comments:

Does periodic baseline testing, or monitoring of airborne substances and noise in work areas take place?

Yes

No

*If Yes, Describe:*

## Ergonomics & Material Handling

### Ergonomics

Equipment and process design to maximize productivity by reducing operator fatigue and discomfort.

- Musculoskeletal disorders = strains and sprains to the lower back, shoulders and upper limbs through physical exertion.
- Repetitive Motion Injury (RMI) = OSHA accepted phrase to classify employers with repetitive motion employee claims trends.

Has any ergonomic assessment of your facility, work practices, work stations and production processes been conducted within the last three years?

Yes

No

Are contemporary workstations equipped with sit and stand options?

Yes

No

Do some tasks require the employee to work in awkward postures, or be in the same posture for long periods of time?

Yes

No

Do some jobs require the lifting of 50 lbs., or more?

Yes

No

Are there work assignments that require any exposure to hot and cold surfaces, or temperatures?

Yes

No

Comments:

Does your production process engage in employee job rotation?	Yes	No
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Have employees been taught proper lifting and handling techniques?	Yes	No
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How frequently are lifting, reaching and bending reviewed?

Do sometimes employees work in lifting teams (buddy system)?	Yes	No
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Does your company conduct a stretch and flex exercise session at the beginning of each work shift?	Yes	No
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Comments:

### Material Handling

Short distance movement within the confines of a building and a transportation vehicle.

Are forklifts used and operators certified at least every 3 years?	Yes	No	N/A
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Are lifting aids like pallet lifts, hand trucks, pallet jacks and carts used?	Yes	No
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Are employees allowed to take rest breaks?	Yes	No
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If there are metal chip by-products, slag during production, how are they removed?

Comment:

Is the loading dock well-organized with open bay chains used to prevent falls and chocks used to secure trucks?	Yes	No	N/A
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