

Manufacturing Supplemental

1. Does machinery have point of operation guarding? Yes No
Are lockout / tagout procedures in place? Yes No
2. Do machines have proper ventilation / dust collection system? Yes No
3. Are employees required to wear personal protective equipment:
 - a. Safety Glasses Yes No
 - b. Hard Hats Yes No
 - c. Steel toed shoes Yes No
 - d. Hearing protection Yes No
 - e. Gloves Yes No
4. What is the employee turnover rate? _____
5. Describe the extent of lifting employees encounter during the working day:

 - a. Maximum weight lifted?
 - b. If over 20 lbs, are back braces required?
 - c. Is there a procedure in place for lifting? If so, is this a written procedure?
6. Do you have regular safety meetings with your employees? Yes No
Informal tool box safety talks? Yes No
7. Does the insured deliver the finished product? Yes No
If so, what is the maximum radius of delivery? _____
8. Do you employ any casual or day labor? Yes No
9. # Full time employees: _____
Part-time employees: _____
Maximum number of employees working at one time at a single location: _____

The applicant warrants and represents to the insurer that the information entered in this supplemental application is true and correct. The applicant acknowledges that the information presented herein is material to the decision of the insurance company to issue a policy, and that this issuance of a policy by the insurer is in reliance upon the sufficiency and accuracy of the information by the applicant in this supplemental application.

Authorized Representative: _____
Print Name / Title

Signature: _____ Date: _____