

Name of Applicant:
Quote / Policy Number:
Completed By:
Date:

Manufacturing Supplemental Application

Please provide, in detail, a description of operations:

How many years has the applicant been in business? ___ years

What are the hours of operation?

How many full time employees? ___ Part time employees? ___

How many employees have been hired in the past 12 months? ___

Are there any employees in a union? No Yes

What is the average wage? \$___ per hour

Describe the product(s) being manufactured:

What is the maximum weight of the product(s)? ___ pounds

Is there any of the following used in the manufacturing process? Lead Silica

Is there any delivery? No Yes

If yes, please provide:

Number of Drivers: ___

Number of Vehicles: ___

Driving Radius: ___ miles

Loading or unloading? No Yes

What are the hours of delivery?

Is there a formal driver hiring / screening procedure? No Yes

Are MVRs verified for all drivers? No Yes

Is there a driver orientation / training program? No Yes

Is there a formal vehicle maintenance program? No Yes

Is there a formal post accident investigation/reporting process? No Yes

Is there any money collected / carried by employees? No Yes

Is there any delivery completed by common carrier? No Yes

Is there a formal Lock/Out – Tag/Out program in place? No Yes

Is there a safety program? No Yes – If yes, please explain:

Are employees health plans provided to employees? No Yes

- If yes, to which employees?
- If yes, what percentage is paid by the employer? ___%

Would the insured be willing to comply with light duty work? No Yes

Would the insured need assistance with identifying light duty job assignments? No Yes