

**MANUFACTURING  
WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION**



<b>GENERAL INFORMATION</b>			
Company Name			
Business Address			
Website Address			
Years in Business		Describe Operations	
Union / Nonunion			
Average number of employees			
Peak number of employees last year			
Current Number of Shifts			
Has ownership changed in past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How are Manufacturing employees paid?	<input type="checkbox"/> Hourly <input type="checkbox"/> Piece Rate <input type="checkbox"/> Other ( <i>describe</i> )		
Describe any use of day laborers and/or temporary/employee leasing firms.			

<b>BUSINESS/OPERATION</b>	
Describe any offsite operations other than driving/delivery. <i>(if none, indicate "None")</i>	
Describe any driving or delivery performed by employees. <i>(if none, indicate "None")</i>	
List hazardous materials used in the operation. <i>(if none, indicate "None")</i>	
Is there any painting performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List the major types of manufacturing machinery used.	
Are punch presses or press brakes used? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>SAFETY MANAGEMENT</b>		
Does the company have a designated safety director?	Name: Phone:	
Does the company have a written safety management plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Personal Protective Equipment Used by Employees</b> <input type="checkbox"/> Safety Glasses /Goggles <input type="checkbox"/> Hard Hat / Bump Cap <input type="checkbox"/> Hard-Toe Safety Shoes <input type="checkbox"/> Hearing Protectors <input type="checkbox"/> Respirator or Dust Mask <input type="checkbox"/> Gloves
Are safety meetings (or routine safety training) conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there written lockout/tagout procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there written safety rules that are effectively communicated with employees routinely?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a new-hire safety orientation process that effectively addresses the job hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

To the best of my knowledge, all of the information I have given about my business is true and correct. If information is found to be different as the result of my knowingly attempting to defraud the insurance company, or if information is concealed for the purpose of misleading, or another person files an application for insurance containing materially false information, the insurance company may send direct notice of cancellation.

**Officer or Owner of Business**

**Date**