



SUBMISSION CHECKLIST (WOOD PRODUCTS INDUSTRIES – EXCEPT LOGGING)

SEND APPLICATIONS TO: subs@miains.com

Insured: _____ Agency Name: _____

Producer: _____ Agency Phone Number: _____

Please use this check list to ensure you have included all required documentation.

Documentation Required to Quote

- ACORD 130 completed with FEIN, years in business, general information questions with explanation of “yes” answers
- 5 years loss runs, valued within 90 days of policy effective date. Include details for any losses greater than \$10,000 in the past three years
- Midwestern supplemental application (logging or wood products mfg)
- Copy of the most current experience mod worksheet

Failure to include all requested information may result in a delay in processing or declination of your submission. Please contact – 803-732-1646 with any questions.

MIDWESTERN INSURANCE ALLIANCE
111 Stonemark Lane
Suite 201
Columbia SC. 29210

Please answer all questions. If the answer to a question is not applicable, please use the phrase N/A

**WOOD PRODUCTS INDUSTRIES
WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION**



SUBMISSION DATE

GENERAL INFORMATION			
Company Name		Website	
Business Address		Proposed Period	to
Type of Business Activity	% Sawmill	% Hardwood Floor Mill	% Plywood Mill
	% Planing Mill	% Particle/Chip Board Mfg	% Wood Veneer Manufacturing
	% Pole Mill	% Truss/Bldg Component Mfg	% Cabinet Mfg
	% Millwork	% Trucking	
	% Other <i>(describe)</i>		
Type of Wood Sold/Milled			
Years in Business		Describe Operations	
Any Change in Ownership Within Past 5 Years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Number of Employees		Number of employees hired during the past 36 months	
		Number of employees dismissed or left during the past 36 months	
Gross receipts for the last three months		Gross receipts from the same three months last year	
Describe any contract labor used?			
Does the applicant have up-to-date worker's compensation certificates of insurance on all contractors (including contract haulers) used?			
Is workers' comp coverage currently in force for the applicant?		Is the applicant currently in an assigned risk program?	

FIXED AND HANDHELD EQUIPMENT	
List the fixed and powered handheld equipment used, <i>or attach an equipment list</i>	
Does the mill have optimization equipment (If "yes" describe)	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>(describe)</i>
What percentage of the operation is automated (No manual human intervention in the movement of product)?	%

DUST COLLECTION / HOUSEKEEPING	
Type of dust collection system	<input type="checkbox"/> Cyclone <input type="checkbox"/> Bag System
Location of dust collection system	<input type="checkbox"/> Inside Building <input type="checkbox"/> Outside Building
What percentage of the dust-producing stationary equipment is covered by the dust collection system?	
Is there an explosion damper on the return air duct? (if systems returns warm air back into the building)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the dust collection system protected by a fire-suppression system or spark detection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there a housekeeping process in-place to ensure daily cleaning of the work areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Please answer all questions. If the answer to a question is not applicable, please use the phrase N/A

FLAMMABLE MATERIALS

	Flammable Material	Manner of Storage
List Flammable Materials and the Manner in which they are Stored		

MOBILE EQUIPMENT AND VEHICLES

List Mobile Equipment and Vehicles Used (i.e. Tractor-Trailers, Rubber-Tire Loaders, Forklifts, etc.)	
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SAFETY MANAGEMENT

Place a check beside the <u>written</u> safety programs that the applicant currently has.	<input type="checkbox"/> Bloodborne Pathogens Plan <input type="checkbox"/> Confined Space Program <input type="checkbox"/> Emergency Action Plan <input type="checkbox"/> Fire Prevention Plan <input type="checkbox"/> Forklift Evaluation / Training <input type="checkbox"/> Hazard Communication	<input type="checkbox"/> Hearing Conservation Program <input type="checkbox"/> Hot Work Permit System <input type="checkbox"/> Lockout / Tagout Program <input type="checkbox"/> New Employee Safety Training <input type="checkbox"/> PPE Hazard Assessment <input type="checkbox"/> Respiratory Protection Program
Place a check beside the drug-screening currently conducted?	<input type="checkbox"/> Pre-Placement <input type="checkbox"/> Random	<input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Post Injury
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are monthly safety meetings conducted <u>and</u> documented?	Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are documented inspections performed of equipment at least monthly?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there <u>written</u> safety rules that are effectively communicated with employees routinely?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a defined new-hire safety orientation process that effectively addresses the hazards of the job?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the use of personal protective equipment defined in writing <u>and</u> strictly enforced?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the company been cited for any OSHA violations in the past 5 years?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the applicant willing to use modified duty (light duty) as a means of controlling workers' compensation claim costs?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are designated employees trained in first-aid / CPR on each workshift?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are chip guards provided on appropriate equipment (including trim saws)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are anti-kickback devices provided on appropriate equipment (including edge/trim saws, table saws, and planers)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the company have workers whose primary language is <u>not</u> English?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are safety meetings and written materials provided in both English and non-English?	

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Signature of Authorized Representative

Producer's Name

Date

Producer's Signature

Please answer all questions. If the answer to a question is not applicable, please use the phrase N/A