



Insulation Contractors Supplemental

Name Insured: _____

Producer: _____

Give a complete description of operations:

- 1 Does this risk perform exterior work at heights greater than two stories? YES NO
a. If "Yes", estimate the % of this to total work performed. _____
- 2 Does risk have a New Hire Orientation Program with pre-hire physicals, drug screenings etc? YES NO
- 3 Does the risk require all workers, regardless of experience, to complete a safety awareness program? YES NO
- 4 Are full time employees required to take refresher safety training at least once every 3 years? YES NO
- 5 What is the ratio of supervisors to employees? _____ to _____
- 6 Are safety meeting held on at least a quarterly basis; do managers and employees attend, and are attendance records kept? YES NO
- 7 Has risk been cited for any OSHA violations in last 3 years? YES NO
- 8 Does this risk have a formalized safety incentive program? YES NO

If so give a description.

- 9 While installing insulation do employees use: Ladders Scaffolds Lifts

What are the age, condition of ladders, scaffolding, and related equipment?

- 10 Are ladders inspected before use? YES NO
- 11 Are all ladders equipped with nonslip bases and tread surfaces? YES NO
- 12 What precautions do the employees follow when working at heights (i.e. safety belts, lifelines, lanyards and safety nets)?

- 13 Are workers required to use fall protection and/or personal fall arrest equipment? YES NO
- 14 How frequently are scaffolds and ladders inspected? _____
- 15 Are all workers required to use PPE such as steel toed boots, hard hats, safety goggles? YES NO
- 16 How does risk determine the composition of insulating materials already in place, and what procedures are followed upon the discovery of insulation that contains asbestos?

- 17 Does the risk discontinue work at the site until the client had the asbestos removed by qualified personnel? YES NO
- 18 Does the risk require the use of NIOSH approved respirators and are work areas ventilated? YES NO
- 19 Are workers who work in small confined areas such as attics required to take frequent breaks? YES NO
- 20 Is there a Safety Director on staff with no additional job duties? YES NO
- 21 Is there a formal accident investigation program? YES NO
- 22 Does this risk have a formal Return To Work Program in place? YES NO
- 23 Does risk have do pre-hire and post accident drug testing? YES NO
- 24 Are MVR's checked on risk drivers? YES NO
- 25 Are MVR's ordered on new employees before hire and then annually? YES NO
- 26 What % of the insured's work is Commercial _____ Residential: _____
- 27 What % of the insured's work is Remodel/Repair: _____ New: _____

28 Union? YES NO

29 Health benefits? YES NO

Employee Participation %

Employer's Contribution %

30 Does risk hire subcontractors? YES NO If "Yes" what is the % %

List the types of work subcontracted

a. Does risk obtain Certificates of Insurance from all subs?

YES NO

b. Does the risk use a diary system to track the expiration dates of COI's?

YES NO

31 Please provide 4 years of annual premium and payroll

Policy Term	Premium	Payroll
Expiring policy		
1st prior		
2nd prior		
3rd prior		

Signed _____

Dated _____