

Name Insured: _____

Producer _____

- 1 Does this risk have a formalized safety incentive program? YES NO
If so give a description.

- 2 Is there a Safety Director on staff? YES NO With no other job responsibilities? YES NO
- 3 Are safety meetings conducted? YES NO
- 4 Is there a formal accident investigation program? YES NO
If "Yes", is it? Formal Informal
- 5 Does this risk have a formal Return To Work Program? YES NO
- 6 Does risk have pre-hire and post accident drug testing? YES NO
- 7 Are MVR's checked on risk drivers? YES NO

- 8 Are MVR's ordered on new employees before hire and then annually? YES NO

- 9 Union? YES NO

- 10 Turnover % last 12 months? _____ %

- 11 Health benefits? YES NO

Employee Participation _____ % Employer's Contribution _____ %

- 12 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

- 13 What type of raw material does risk use?

- Plastics Aluminum Titanium Zinc Magnesium Copper
 Cadmium Brass Lead Nickel Tin Chromium
 Other _____

- 15 What type of machinery is used? Check all that apply

- CNC Planning Milling Boring
 Stamping Drilling Power Presses Grinders
 Cutters Saws Welding Sandblasting
 Die Casting Press Brakes Jig Borer Lathes
 Punch Presses Other (type and number) _____

- 18 Who is responsible for maintaining machinery? Insured Contractor Other _____

- 19 Any interchange of labor? YES NO If yes, please explain _____

- 20 Average age of machinery: <2 yrs 2-5 yrs 5-10 yrs 10 + yrs

- 21 Accessible moving parts guarded on machinery/equipment? YES NO

- 22 Does risk have a Lock Out Tag Out (LOTO) program? YES NO

- 23 Four years of premium and payroll information

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

Name of person completing application

Dated