

Nursery Supplemental

Name Insured: _____ Producer: _____

- 1 Does risk have safety training in the proper use of these tools? YES NO
- 2 Does the insured require its employees working in greenhouses or those working with roses and/or cacti to wear heavyduty work gloves when performing tasks ? YES NO
- 3 Are all employees trained in proper lifting techniques? YES NO
- 4 Is the insured in compliance with OSHA standard 1910.176, Handling Materials General? YES NO
- 5 Do workers wear protective clothing such as rubber gloves and use eye protection when mixing chemicals? YES NO
- 6 Are emergency eyewash fountains and showers available in areas where work is done with chemical concentrates? YES NO
- 7 Does risk have a safe driver program in place? YES NO
- 8 If risk does any delivery do their driver's do any on and off loading? YES NO
- 9 Does risk employees do any off and on loading? YES NO
- Is this risk in compliance with OSHA standard 1910.176, Handling Materials General? YES NO
- 10 Does this risk have a formalized safety incentive program? YES NO
If so give a description.

- 11 Is there a Safety Director on staff? YES NO
- 12 Are safety meetings conducted? YES NO
- 13 Is there a formal accident investigation program?
If "Yes", is it? Formal Informal
- 14 Does this risk have a formal Return To Work Program? YES NO
- 15 Does risk have Formal Drug Testing? YES NO
- 16 Are MVR's checked on risk drivers? YES NO
- 17 Are MVR's ordered on new employees before hire and then annually? YES NO
- 18 Union? YES NO
- 19 Turnover % last 12 months? _____ %
- 20 Health benefits? YES NO
Employee Participation _____ % Employee Contribution _____ %
- 21 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
- c. Does risk require all subs to carry WC limits equal to their own? YES NO
- 22 Any employees under 16 or over 60 yrs of age? YES NO
(Please provide name, age and duties)

- 23 Any out of state, international or overnight (within state) travel? YES NO
If "Yes" please provide details (i.e. frequency, # and duration)

- 24 Do employees spray insecticides and pesticides? YES NO
- 25 Are these employees certified to use insecticides and pesitcides YES NO

Signed _____

Dated _____