



Machine Shop
Group/Program Questionnaire
Class Code: 3632

Employers Compensation Insurance Company – California

Insured: _____ App/Policy # _____

Please provide a list of the machinery used by the insured:

What is manufactured: _____
Size of Final Product: _____

Does the insured work with Magnesium Yes ☐ No ☐ or Titanium Yes ☐ No ☐
If so, please provide percentage of their operations which utilize these metals. ____%

1. The governing class is 3632 and the insured has no other classes except for 8742 & 8810 Yes ☐ No ☐
2. California operations only. Yes ☐ No ☐
3. The insured has been in business at least 3 years without a lapse in their workers comp. coverage Yes ☐ No ☐
4. The insured's 3 year loss ratio is 55% or better utilizing currently valued loss runs* Yes ☐ No ☐
5. The insured has not had more than 2 claims in the past 3 years; or has not had more than 1 claim per \$250,000 of payroll in the governing class each year. Yes ☐ No ☐
6. All machinery is properly guarded. Yes ☐ No ☐
7. The insured currently has a lock-out/tag-out program in place. Yes ☐ No ☐
8. If required by law, the insured has a safety program that complies with SB198. Yes ☐ No ☐

Avg. Hourly Wage of employees under class 3632: _____

Please provide details of any claims within the last 3 years where the reserves are \$25,000 or more: _____

**Please check with your underwriter if prior carrier is insolvent.*

If any of the above answers are No, please complete the section below. Thank you.

Hours of operation (if hours fall outside of 8a.m. to 5p.m.) _____

If this is a shop that remains in production after 5p.m, is there a supervisor present during those hours?

Yes ☐ No ☐

Number of Part-time employees _____

Number of Full-time employees _____

Turnover Rate: Within the last 12 months: _____ 24 months: _____

If the insured has been in business **less than** 3 years, please provide the number of years.

Yes ☐ No ☐

The insured has a minimum of 5 years experience in the industry

Yes ☐ No ☐

The insured has a minimum of 5 years business management experience

What is the maximum weight that may be manually lifted by an employee?

Yes ☐ No ☐

Does the Insured provide any medical benefits to their employees?

If so, what percentage of the premium does the Employer pay?

If the insured does any off-premise work other than sales, please explain.

Are forklifts used in the shop? If so, does the insured have a training program in place for all drivers?

Yes ☐ No ☐

Does the insured deliver? If so, please provide details on the number of trucks:

Yes ☐ No ☐

Number of Trucks: _____

Number of drivers: _____

Radius of delivery: _____

Who is responsible for maintenance of the delivery vehicles? _____

How often are MVR's run on all drivers? _____

Yes ☐ No ☐

Does the insured have a return-to-work program in place?

What type of pre-employment screening is done? _____

Ineligible Operations: New Ventures. Safe, tuck scale or elevator manufacturing operations.

Producer's Signature: _____ Date: _____