



## Workers Compensation Machine Shop Supplemental Application

Named Insured: \_\_\_\_\_

Effective Date: \_\_\_\_\_

New Employee Orientation Plan	Yes ( )	No ( )
Employer paid Vacation	Yes ( )	No ( )
Employer paid Sick Leave	Yes ( )	No ( )
Pre-Hire Screening		
Applications	Yes ( )	No ( )
Reference Checks	Yes ( )	No ( )
Physical Examinations	Yes ( )	No ( )
Post Accident Drug Testing	Yes ( )	No ( )
Union	Yes ( )	No ( )

Average Wage per hour \$ \_\_\_\_\_

# Permanent Employees \_\_\_\_\_

# Full Time \_\_\_\_\_ # Part Time \_\_\_\_\_ # Temp/Seasonal Employees \_\_\_\_\_

Employee Average # of years with Company \_\_\_\_\_

Supervisor Average # of years with Company \_\_\_\_\_

Interchange of labor Yes ( ) No ( )

If yes, details \_\_\_\_\_

**Percent of "off premises" operations \_\_\_\_\_%**

# of Company Vehicles \_\_\_\_\_ **\*provide driver list with birthdates if 5 or more vehicles**

# of Drivers \_\_\_\_\_

Radius of Driving Operations (miles) Average \_\_\_\_\_ Maximum \_\_\_\_\_

Group Transportation Provided (more than 5 employees in a vehicle) Yes ( ) No ( )

If yes, details \_\_\_\_\_

Employees drive their personal autos on Company Business Yes ( ) No ( )

Light Duty, Early Return to Work Program Yes ( ) No ( )

Safety Incentive Plan Yes ( ) No ( )

Written Supervisor Accountability Plan Yes ( ) No ( )

Full Time Safety Director/Risk Manager Yes ( ) No ( )

Maximum weight lifted manually \_\_\_\_\_ lbs

Lift aids (back belts, forklifts w/ certified drivers, etc) \_\_\_\_\_

Future Staff Increases Yes ( ) No ( )

If yes, details \_\_\_\_\_

Future Layoffs Foreseen Yes ( ) No ( )

Owners Active in Management Yes ( ) No ( )

Ratio of Supervisors to Employees \_\_\_\_\_

Machine Shop:

What are they manufacturing? \_\_\_\_\_

Any welding? If so what %? Yes ( ) No ( )

What is the finished product and size? \_\_\_\_\_

Machines appropriately guarded in accordance with OSHA regulations Yes ( ) No ( )

Do they work with Magnesium or Titanium? Yes ( ) No ( )

All machines properly serviced Yes ( ) No ( )

PPE provided and use enforced Yes ( ) No ( )

Use of acid or alkali baths for cleaning metals Yes ( ) No ( )

What types of cleaning solutions are used if any? \_\_\_\_\_

Proper ventilation Yes ( ) No ( )

Delivery Yes ( ) No ( )

MVR program Yes ( ) No ( )

Completed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_