

## Manufacturing Industry Supplemental Questionnaire

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### Applicant Information:

Proposed Effective Date:     /     /	Legal Name:	Application ID:
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Application completed by: Broker: <input type="checkbox"/> Employer: <input type="checkbox"/>
Please provide (first, last) name: _____

Provide a brief description of the product manufactured: <div style="border: 1px solid black; padding: 5px; min-height: 30px;">[Text Here]</div>	Types of machines (must equal 100%) Heavy ___ % Mid ___ % Light ___ %  Machine Guards: <input type="checkbox"/> Point of Operation <input type="checkbox"/> Drive Mechanism  Computer Network Controlled (CNC) machinery used? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, percentage of all machinery considered: ___%  Lockout/Tag-out procedures in place? Yes <input type="checkbox"/> No <input type="checkbox"/>  Does the insured do any installation of the product manufactured? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list the types of machinery used: _____ _____ _____	Is the building properly ventilated? Yes <input type="checkbox"/> No <input type="checkbox"/> Is a proper dust collection system in place? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does the insured have assembly operations? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, does the insured have job rotation? Yes <input type="checkbox"/> No <input type="checkbox"/> How many shifts in a 24-hour period? ____

### General Classification Evaluation:

- Maximum Height exposure: \_\_\_\_ Ft.  N/A  
If applicable - Method of reaching height exposures: (Check all that apply)  
 Ladder  Scaffolding  Scissor Lifts  Other:  \_\_\_\_\_  
  
 If scaffolding is used, does the insured build their own? No  Yes - \_\_\_\_% of annual operations compared to total operations.
- Maximum Weight lifted: \_\_\_\_ lbs.  N/A  
If applicable: Manual Lifting  Employee(s) lifts with assistance:  Please explain: \_\_\_\_\_  
 Please list the typical types of items lifted: \_\_\_\_\_
- Vehicle exposure: No  Yes   
If Yes -  
 Percentage of total operations: \_\_\_\_%      Total # of Vehicles \_\_\_\_  
 Number of employee drivers: \_\_\_\_      Do employees take the vehicle home overnight? Yes  No   
 Driving Radius in miles: \_\_\_\_ mi.      GPS tracking system installed? Yes  No   
 MVRs Checked: Yes  No       Company Owned: Yes  No   
 PUC Filing: N/A  Yes: \_\_\_\_\_      MCP Filing: N/A  Yes: \_\_\_\_\_
- Any Out of State, International, or Overnight Travel: Yes  No   
If Yes - Please provide:  
 Number of employee's traveling: \_\_\_\_      Location(s): \_\_\_\_\_  
 Method of transportation: \_\_\_\_\_      Frequency of travel: \_\_\_\_\_
- CPR Training provided: Yes  No       If Yes - Number of Employees certified: \_\_\_\_

### Claims Handling:

- Is there a set procedure for reporting claims? Yes  No
- Is there a formal written accident investigation report? Yes  No
- Do you currently participate in a MPN program to control claim costs? Yes  No

**Personnel Practices:**

- 1) New-hire orientation program: Yes  No  Is the orientation documented? Yes  No
- 2) Owner is active in daily operations: Yes  No
- 3) Employee Handbook: Yes  No
- 4) Post-accident drug testing: Yes  No
- 5) Job specific training: Yes  No
- 6) Performance Appraisals: Yes  No
- 7) Wellness program in place: Yes  No
- 8) Are any of the following benefits provided?  
 Medical: No  Yes: Employer contribution: \_\_\_\_\_% Percentage of employees enrolled: \_\_\_\_\_%  
 Retirement: No  Yes: Employer contribution: \_\_\_\_\_% Percentage of employees enrolled: \_\_\_\_\_%
- 9) Any other information in regard to employee benefits? If so, please provide those details

**Employer-Employee Relationship:**

- 1) Employee Turnover Rate (Annually): \_\_\_\_\_% Average Tenure of Employees (in # of years): \_\_\_\_\_
- 2) Number of employees hired:  
 Full Time (annual): \_\_\_\_\_ Payroll Estimate: \$ \_\_\_\_\_  
 Part Time/Seasonal: \_\_\_\_\_ Payroll Estimate: \$ \_\_\_\_\_
- No. of seasonal Employees: \_\_\_\_\_  
 Seasonal Employee Period (From Month: \_\_\_\_\_ to Month: \_\_\_\_\_)

**Safety Program/Practices which are implemented and enforced:**

- 1) Fall Protection Plan: Yes  No  N/A
- 2) Heat and illness prevention program: Yes  No  N/A
- 3) Do you maintain a written Workplace Violence Prevention Plan? Yes  No  N/A
- 4) Respiratory program: Yes  No  N/A
- 5) Driver safety training plan: Yes  No  N/A
- 6) Forklift training & safety plan: Yes  No  N/A
- If Yes – Annual Certification required:**
- 7) MSDS available for all chemicals/products used: Yes  No  N/A
- 8) Hazardous chemicals safety plan: Yes  No  N/A
- 9) Confined spaces plan: Yes  No  N/A
- 10) Active safety incentive program for all employees: Yes  No  N/A
- 11) Are supervisors held accountable for a safe work environment? Yes  No  N/A
- 12) Is there a dedicated full-time safety manager? Yes  No  N/A
- If Yes – Please provide:**  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_
- 13) Safety meetings are conducted:  Daily  Weekly  Monthly  Quarterly  Does not conduct Safety Meetings  
 Are safety meetings documented? Yes  No
- 14) Personal Protective equipment provided to all employees: No  Yes, please list types: \_\_\_\_\_
- 15) Employee to Supervisor ratio: \_\_\_\_\_ / \_\_\_\_\_
- 16) What loss prevention recommendations has the insured implemented?  Loss control service has not been performed.

Year implemented: \_\_\_\_\_  
 Please explain:

**Machinery and Equipment:**

- 1) Are all equipment operators certified? Yes  No
- 2) Age of equipment in years:  0-5  5-10  10-20  20+
- 3) Condition of the equipment:  Excellent  Good  Average  Poor
- 4) Who is responsible for maintaining machinery?  Insured  Contractor  Other: \_\_\_\_\_

**Is there any other information about your company, operations, or practices you have implemented which could have an impact on mitigating injuries?**

[Text here]