first benefits
INSURANCE

Raleigh Office: PO Box 176001 ● Raleigh, NC 27619 ● (888) 393-2667 ● FAX (888) 881-5744
Charlotte Office: PO Box 471127 ● Charlotte, NC 28247-1127 ● (800) 360-7867 ● FAX (704) 752-4854

WORKERS COMPENSATION MANUFACTURING SUPPLEMENTAL
(Complete in addition to Acord 130 Application)

Insured: _____

To determine what measures are taken to prevent accidents, please complete the following questions:

Yes / No / Not Applicable

_____/_____/_____ Formal Safety Program in Place
_____/_____/_____ Active Safety Committee with an appointed Safety Director
_____/_____/_____ Management personnel committed to Work Place Safety and actively involved in Safety Meetings
_____/_____/_____ Regular Safety Meetings are conducted & Safety Rules are Enforced
_____/_____/_____ First Aid or Medical Assistance available
_____/_____/_____ Employees are trained for the jobs they are assigned
_____/_____/_____ Employee Turnover Percentage _____
_____/_____/_____ Employee Return to Work Policy Available
_____/_____/_____ Areas are inspected daily for safety problems, Walkways kept clear with sufficient lighting in all areas
_____/_____/_____ Emergency lighting illuminates all walkways and exits
_____/_____/_____ Personal Protective Equipment is available & used properly
_____/_____/_____ All Safety Signs are Posted and readable to all employees
_____/_____/_____ All machine guards are in place
_____/_____/_____ A Lockout/Tag out Program is in place
_____/_____/_____ Employees are properly trained in Lockout/Tag out
_____/_____/_____ Proper lifting techniques instructed to employees
_____/_____/_____ Employees utilize the buddy system for lifting heavy items
_____/_____/_____ Forklift operators have received training as required by OSHA
_____/_____/_____ MSDS sheets are readily available for all chemicals utilized
_____/_____/_____ Employees have been trained in Hazardous Communication
_____/_____/_____ Accidents have been recorded on the OSHA Log
_____/_____/_____ Accident Investigations performed and on file
_____/_____/_____ Accidents that have occurred have been discussed with employees to develop preventative measures and prevent reoccurrence of similar accidents
_____/_____/_____ Spills are cleaned up immediately
_____/_____/_____ Chemicals are used properly and stored properly
_____/_____/_____ Where fumes, vapors gasses, particulates are present, respiratory protection is utilized
_____/_____/_____ Is there a Delivery Exposure. If yes, radius of travel _____ StatesTraveled _____
_____/_____/_____ Method of Loading & Unloading Used _____
_____/_____/_____ Is there an Installation Exposure. If yes, explain_____
_____
_____

Completion of this form does not bind coverage or commit the company to policy issuance.

Applicant: _____ Producer _____

Signature: _____ Producer Signature: _____

Date: _____ Date: _____