



COLLEGE SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: _____ AGENT NAME: _____

1. About the insured's employees:

How many workers do they employ full-time?	How many workers do they employ part-time?	How many seasonal employees?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. What is the layout of the insured's premises?

3. What are the insured's hours of operations: _____ to _____

4. What is the level of housekeeping? Are floors swept or vacuumed daily?

5. Have faculty and staff received training in conflict resolution techniques as well as basic restraining holds?

6. Are any employees trained in basic first aid and CPR?

7. Are all employees trained in proper lifting techniques and instructed in how to maneuver rolling carts loaded with large or heavy objects?

8. Does the school uphold a "zero tolerance" policy toward students who commit a hostile act against an employee?

9. What are the insured's sabbatical, vacation, and sick leave policies? Are qualified substitutes available?

10. What steps have been taken to minimize or eliminate workers' exposure to asbestos, which is a known carcinogen, used in past building materials, or other harmful air pollutants?

11. What safety measures does the school have in place to protect its workers from possible exposure to blood borne pathogens?

12. Are all workstations ergonomically designed, and are employees encouraged to take frequent breaks?

13. Who is responsible for grounds keeping? Are employees properly trained or contracted out?

14. Who is responsible for building maintenance? Are employees properly trained or contracted out?

15. Does the insured employ its own security guards to patrol the campus, or is this service contracted out?