



COTTON GIN SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: _____ AGENT NAME: _____

1. About the insured's employees:

How many workers do they employ?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? ____ Yes ____ No. If no, explain _____

3. Age and condition of facility?

4. Please describe overall housekeeping.

5. Personal Protective Equipment (PPE) used?

6. Does insured have a formal safety program with supervisory participation in safety training?

7. Accident recordkeeping and investigative practices in place? Is OSHA 300 log maintained?

8. Machinery and equipment well maintained?

9. Safety guards in place where appropriate?

10. Dust collection system used?

11. Does insured have formal Lock Out/Tag Out program?

12. Motor Vehicle Records screened and maintained for all drivers?