



MACHINE SHOP 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?	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. What are the insured's hours of operation? _____

4. Are all machinists qualified to use the machines on which they work? Yes _____ No _____

5. Are pre-placement physicals given before job assignments are made? Yes _____ No _____

6. What types of parts does the insured make? _____

7. Do workers use more than one machine? Yes _____ No _____ If so, how many? _____

8. What is the layout and overall condition of the shop area? _____

9. What type of machinery does the insured use (light, medium, heavy or CNC- Computer Network Controlled)?

10. How many machines are there? _____ What is their condition? _____

11. What kind of inspection and maintenance schedules has the insured set up for machinery?

12. Is this subcontracted out? Yes _____ No _____ If yes, are insured subcontractors used? _____

13. Are machines equipped with a lock-out to prevent injuries to employees who perform maintenance on the equipment?
Yes _____ No _____



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14. Does the insured have vacuum dust collectors on their premises? Yes _____ No _____

15. Can they be fitted to the machines at the point of operation? Yes _____ No _____

16. Is the building properly ventilated? Yes _____ No _____

17. What is the level of housekeeping in the work area? _____

18. What kind of cleaning solutions or solvents does the insured use? _____

19. What kind of PPE (personal protective equipment) do employees wear when working with chemicals and machinery?

20. Does the insured have eyewash stations provided for workers handling chemicals? Yes _____ No _____

21. Does the insured provide proper material-handling devices? Yes _____ No _____

22. Does the insured use a crane or other hoisting equipment? Yes _____ No _____

23. Does the insured do any welding on the premises? Yes _____ No _____