



PRINT SHOP 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. What is the layout of the insured's premises?

4. The hours of operation: ____ to ____

5. Who is responsible for training new employees, and what are that person's training and experience?

6. Are all aisles and hallways wide enough to accommodate the level of traffic?

7. How does the insured store flammable and combustible materials?

8. What are the age, type, and condition of the insured's machinery?

9. Do all machines have proper guards?

10. Are employees who change the blades properly trained to handle them safely?

11. Are employees instructed on proper lifting techniques?

12. Are proper personal protective equipment (PPE) provided employees who work near printing presses?

13. What types of chemicals are used by the insured?

14. Have employees been taught first aid procedures?

15. Are there burn first aid kits and or a standard first aid kits in the production area?

16. What type of delivery services does the insured offer?

17. Are Motor Vehicle Records (MVRs) checked on all drivers? ____ Yes ____ No. If yes, explain: _____