

Goods & Services WC Supplemental

Please complete, sign and return to your AWCS Underwriter.

General Information

Named Insured:		Date Form Completed:	
Entity Type:		Form Completed By:	
Years of Operation:		Safety Manager:	
State(s) of Operation:		Safety Manager Email:	
DOT Number:		Safety Manager Phone:	
Website:			

Auto Body work – Complete if applicable

- What type of goods does the insured perform work on? _____
- Any towing services? Yes No
- Are ventilated/filtered spray booths utilized for auto body painting? Yes No
- Is a written respiratory protection program in place? Yes No
- Is proper fit testing performed for each employee and their assigned respirator? Yes No
- Are employees ASE trained and certified? Yes No
- o If yes, how many employees? _____
- Is a lock-out/tag-out program in place? Yes No

Auto Services – Complete if applicable

- Any roadside repair services? Yes No
- o If yes, what is the radius of operation? _____
- o If yes, what safety protocols are in place to prevent injury from oncoming traffic? _____
- Any towing operations? Yes No
- o If yes, what is the radius of operation? _____
- o If yes, any repossessions? Yes No
- Are hydraulic lifts utilized? Yes No
- Is a written respiratory protection program in place? Yes No
- Is proper fit testing performed for each employee and their assigned respirator? Yes No
- Are employees ASE trained and certified? Yes No
- o If yes, how many employees? _____



Building Maintenance – Complete if applicable

Detailed description of operations: _____

What percentage of work is commercial? _____

What percentage of work is residential? _____

Any work on medical facilities? Yes No

Any above ground pressure washing? Yes No

Any roofing repairs? Yes No

What percentage of work is above ground? _____

Max height? _____

Radius of operation? _____

Subcontracted payroll? _____

Lumber yard/Building materials – Complete if applicable

Detailed description of operations: _____

Any sawmill work? Yes No

Any logging operations? Yes No

Any delivery of the final products? Yes No

o If yes, what is the radius of operation? _____

Does the facility have proper ventilation? Yes No

Any manual loading and unloading? Yes No

Describe in the detail the lock-out tag-out program in place: _____

What type of PPE is utilized? _____

Retail – Complete if applicable

Type of merchandise? _____

Warehousing exposure? Yes No

Any repacking or repackaging operations? Yes No

Assembly exposure? Yes No

In the event of larceny, are employees required to confront the suspect? Yes No

Max weight of unassisted lifting exposure? Yes No

Any distribution exposure? Yes No

o If yes, by common carrier or does the insured have trucking exposure? _____



Risk Management - *required to be completed*

Written applications at hire?	Yes	No	Written safety program in place?	Yes	No
Formal Training/Orientation?	Yes	No	Regular documented safety meetings?	Yes	No
Pre-employment drug screenings?	Yes	No	Is all machinery properly guarded?	Yes	No
Post-accident drug testing?	Yes	No	Early Return to Work program in place?	Yes	No
Heat-Illness Protocol in place?	Yes	No	Are MVR checks conducted on drivers?	Yes	No

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME and VA, insurance Benefits may also be denied.)

THIS DOCUMENT MUST BE SIGNED

Date of Completion: _____

Applicant Signature: _____

Applicant Title: _____

Agent Signature: _____

