

Manufacturing 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:			

Operations – required to be completed

Description of operations: _____

Max height of operations: _____

Please describe the owners experience in this line of work: _____

Annual Turnover rate? _____

List any hazardous materials used _____

Does the applicant perform installation of the product manufactured? Yes No

If yes, what percentage of work installations? _____

Machinery and Equipment – required to be completed

What percentage of equipment operators are certified? _____

Please list the type of machinery utilized _____

Age of equipment in years: 0-5 5-10 10-20 20+

Who is responsible for maintain machinery? Insured Contractor Other (Please explain): _____

Computer Numerically Controlled (CNC) machinery use? Yes No

If yes, percentage of all machinery considered ____%



Transportation Exposure – if applicable

What type of operations are conducted off premises? _____

Number of trucks owned by the insured: _____

Radius of transportation in miles: _____

Is there a vehicle maintenance program in place? Yes No

Are GPS Tracking/Monitoring systems installed in the vehicles? Yes No

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

Lockout/Tagout program? Yes No Are MVR checks conducted on drivers? Yes No

On-site supervision? Yes No Fall protection place? Yes No

Forklift training? Yes No Heat & Illness prevention plan? Yes No

Is a proper dust collection system in place? Yes No

What type of PPE is utilized? _____

Has the insured had any OSHA violations in the last 5 years? Yes No

- If yes, please explain _____

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: _____

