

SHELTERED WORKSHOP
SUPPLEMENTAL APPLICATION

Complete this application once for all locations. Use schedule supplement for multi-location risks. Note any exceptions for multi-location risks to this underwriting information at end of supplement.

Applicant: _____

1. Number of Locations: _____

If only one location, name and location of this facility: _____

Total square feet at this location: _____ ft

Workshop (sq. ft.) _____ Administrative Office (sq. ft.) _____ Other (sq. ft.) _____

2. Maximum number of Clients on any one day: _____

3. Supervisor to Client ratio: _____ to _____

4. Complete description of activities and nature of products: _____

5. Estimated annual receipts: _____

6. Is Workers' Compensation carried on Clients? Yes No

Carrier and Effective Dates: _____

7. Do Clients work with power equipment? Yes No

If yes, is protective gear worn? Yes No

8. How is the product sold? Wholesale Jobber Direct _____

9. Are hold harmless agreements given to others in connection with products manufactured by Applicant?

Yes No

10. Do you perform spray painting? Yes No Do you use radioactive materials? Yes No

Do your products produce any discharge of fumes? Yes No

Do your products produce any discharge of acids or wastes? Yes No

11. a) Any off-premises operations? Yes No

If yes, describe: _____

b) Do you own, operate or sponsor a camping facility? Yes No

If yes, explain _____

of campers: _____ # of days in operation: _____

Signature of Applicant: 	Date:
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