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| ***ENTITY INFORMATION*** |
| Named Insured:  |
| How many clients are served daily?  Age Range: |  |
| Number of supervisors/trainers:  |  |
| Estimated annual receipts from vocational training/workshop:  |
| Detailed description of activities and nature of work performed:  |  |
| Are all clients covered by worker’s compensation? | [ ]  Yes [ ]  No |
| Are clients paid a salary and considered employees? | [ ]  Yes [ ]  No |
| What percentage of clients are physically challenged?  |
| What percentage of clients are mentally challenged?  |  |
| Is the facility designed so that both its interior and exterior are easily accessible to individuals using mobility devices such as wheelchairs or walkers? [ ]  Yes [ ]  No |
| Are all the exits from the premises clearly marked and unobstructed? | [ ]  Yes [ ]  No |
| Do you provide transportation to clients? If yes, please describe: [ ]  Yes [ ]  No |
| What kinds of products are typically manufactured, assembled, or packaged at this facility?  |
| Is the workforce a combination of vocational employees and fully-trained, experienced full-time employees?  [ ]  Yes [ ]  No |
| Does the facility have a formal training program for all staff, including emergency procedures, first aid, review of labor laws, and recognition of problems with clients? [ ]  Yes [ ]  No |
| Do clients work with power equipment? If yes, please describe equipment and safety measures: [ ]  Yes [ ]  No  |
| Are janitorial services performed for others? If yes, describe equipment used and service provided: [ ]  Yes [ ]  No |
| Woodworking of any type? If yes, describe dust control, spraying safeguards, ventilation and storage of materials: [ ]  Yes [ ]  No |
| Any plastics manufacturing of any type? If yes, describe dust control, heat safeguards and ventilation: [ ]  Yes [ ]  No |
| Any chemicals used? If yes, describe types, quantities and how they are stored: [ ]  Yes [ ]  No |
| Do your products produce fumes, acids, or wastes? If so, how are these exposures controlled? [ ]  Yes [ ]  No |
| Any metal fabrication? If yes, describe types of parts made and machinery used: [ ]  Yes [ ]  No |
| Any parts considered critical components in the customer’s finished product? [ ]  Yes [ ]  No |
| Are there formal quality control procedures or inspections in place for manufactured products? [ ]  Yes [ ]  No |
| Are hold-harmless/contractual agreements signed with customers? [ ]  Yes [ ]  NoIf so, please provide copy/describe. |

**COMPLETED SUPPLEMENTS MUST BE SUBMITTED TO:**

BYRON RICHE PHONE: (800) 407-2027

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