|  |  |
| --- | --- |
| ***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  No  If so, please provide copy/describe. | |

**COMPLETED SUPPLEMENTS MUST BE SUBMITTED TO:**

BYRON RICHE PHONE: (800) 407-2027

CLEAR RISK SOLUTIONS FAX: (509) 754-3406

451 DIAMOND DRIVE [briche@chooseclear.com](mailto:rross@chooseclear.com)

EPHRATA, WA 98823