



GSS Insurance Services, LLC
 P.O. Box 20277, Bullhead City, AZ 86439
 www.gssins.com | PHONE: (760) 947-5500 | Email: info@gssinsurance.com
 CA License #0H98930

Insured Name: _____

Web Site: _____ **FEIN:** _____

Applicant must complete pages 1, 2 and the sections pertinent.

	Payroll Information	Premium Information
Current Year		
Prior Year		
Prior Year		
Prior Year		
Prior Year		

OPERATIONAL INFORMATION

Description of operations (if not provided on Acord 130):

Hours of operation: _____ # of shifts: _____ Any 24 hr exposure: Yes No

of years in business: _____ Average employee tenure with company: _____

Have you ever filed for bankruptcy within the past 7 years: Yes No

SAFETY INFORMATION

Active IIPP:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Active ownership in operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specific job training:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Personal protective equipment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory program:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If yes, type of PPE:	
Safety incentives:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Formal return to work program:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly safety meetings:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Do you have a written safety manual:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is it provided to all employees in:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other/Multi		
Safety Director:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Risk manager employed:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Do supervisors receive specific safety training:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Supervisors held accountable for injuries:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Condition of workplace premises:	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor		
Accident investigation program in place:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Written Lockout/Tagout/Blockout Procedure in place:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Material Safety Data Sheet available:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Hazardous Materials Communication program in place:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Have Cal/OHSA cited risk's business in the last year:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Is insured willing to implement loss control recommendations made by the insurer:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are employee required breaks in the work hours strictly adhered to for all employees:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is training provided to new hires and existing employees on proper use and maintenance of equipment:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are all employees that operate forklifts properly trained, if applicable:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Has your company implemented any ergonomic safety procedures:	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:		
Describe equipment used:	<input type="checkbox"/> State of the art <input type="checkbox"/> Standard for industry <input type="checkbox"/> Modified to standard		



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EMPLOYMENT PRACTICES

Group medical provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently in MPN: <input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of employees enrolled: _____ %	Number of full time employees:
Percentage paid by employer: _____ %	Number of part time employees:
Disability insurance provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of seasonal employees:
Paid sick leave/vacation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of volunteer workers:
Retirement/Pension: <input type="checkbox"/> Yes <input type="checkbox"/> No	If applicable, length of season:
Do you lease workers: <input type="checkbox"/> Yes <input type="checkbox"/> No	Full time hours in work week:
Are employees: <input type="checkbox"/> Union <input type="checkbox"/> Non-union _____ % Union	
Proximity to a medical clinic: <input type="checkbox"/> Less than 5 miles <input type="checkbox"/> 5 - 10 miles <input type="checkbox"/> 11 - 20 miles <input type="checkbox"/> Over 20 miles	
Average employee wage for the governing class: _____ \$ _____ /hr. (exclude officers/ directors salary from average)	
Average employee wage for the clerical/sales: _____ \$ _____ /hr. (exclude officers/ directors salary from average)	
How are employees paid: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Piece rate <input type="checkbox"/> Commission <input type="checkbox"/> Rent/ housing	
Do you have an established method for reporting claims: <input type="checkbox"/> Yes <input type="checkbox"/> No	

RISK CHARACTERISTICS

Annual MVR checks: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pre/Post employment MVR checks: <input type="checkbox"/> Yes <input type="checkbox"/> No
Driving/ Delivery operations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employees use personal vehicles for company: <input type="checkbox"/> Yes <input type="checkbox"/> No
Purpose of driving operations:	Have a formal lifting policy and is it followed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Radius of operations: <input type="checkbox"/> 0 - 25 miles	Lifting exposure: <input type="checkbox"/> N/A
<input type="checkbox"/> 26 - 50 miles	<input type="checkbox"/> Under 20 lbs
<input type="checkbox"/> 51 - 100 miles	<input type="checkbox"/> 20 - 40 lbs
<input type="checkbox"/> 101 - 200 miles	<input type="checkbox"/> 40 - 50 lbs
<input type="checkbox"/> Over 200 miles	<input type="checkbox"/> Over 50 lbs
Have a driver safety policy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Use of pairs/teams to lift large, heavy or awkwardly shaped objects: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are driver acceptability standards in place: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of vehicles used:	Number of authorized drivers:
Frequency of driving/ delivery is: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Infrequent	
Any group transportation (4 or more employees, same vehicle): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any out of state or out of country travel: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of employees who travel overseas each year:	Average duration of trips overseas:
Average frequency of travel each year for those employees who travel overseas:	Countries involved:

EMPLOYEE SELECTION/ TRAINING/ QUALIFICATIONS

Written application: <input type="checkbox"/> Yes <input type="checkbox"/> No	Formal job description on file: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reference checks: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee orientation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-hire drug testing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Personnel files documented for pre-existing injuries: <input type="checkbox"/> Yes <input type="checkbox"/> No
Post-accident drug testing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Subcontractors used: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Random drug testing: <input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, certs of insurance kept: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pre/Post employ. physicals: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hearing tests: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe any other physical or contractual controls in place over subcontractors:	
Independent contractors/1099: <input type="checkbox"/> Yes <input type="checkbox"/> No	Certs. of insurance kept: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to above, describe:	
Any work subbed out to uninsured and/or unlicensed 1099 employees: <input type="checkbox"/> Yes <input type="checkbox"/> No	
After terminating employees are personnel files documented with employee signed notes regarding any potential injuries incurred during their work for you? Describe:	
Does the insured employ any person 60 years of age or older: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what are their job duties:	



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AUTOMOTIVE

Is there a body shop on the premises:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contract towing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any ASE certified employees:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile repair operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is tire repair or installation performed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency roadside repair services provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what percentage:			
Tire re-capping/retreading operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any split rim work performed:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Work on heavy vehicles/equipment over 2 ton:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any work performed on ATV's, recreational vehicles, busses, motorhomes, motorcycles or other heavy equipment:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are spray booths ventilated & Air Quality District certified:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal protective equipment provided and usage enforced:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a formal written respirator program:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Respirators & filters approved/certified by OSHA:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are paints cleaning agents and flammable fluids properly stored:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there an eye wash and body wash facility:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of service bays:			
Are all openings in the floor properly caged/marked off so as to prevent falls:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Protocols for storage and disposal of gas, oil, rags and/or other waste products:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

TRANSPORTATION & WAREHOUSING

Total number of drivers:		Pre/Post employment MVR checks:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of independent owner/operators:		Employees use personal vehicles for company:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a mobile crane operation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have a formal lifting policy and is it followed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the insured enrolled in the Employer Pull Notice Program:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do drivers ever have overnight trips/stays:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will drivers load & unload their trucks:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any hauling of hazardous materials:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees ever stand on top of their trucks or their loads:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have a vehicle/fleet maintenance plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the risk use any independent sub-haulers without certificates of insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are drivers with 3 or more moving violations or 1 at fault accident in the last 3 years prohibited from driving:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are drivers with any 2 point violation, reckless driving or DUI in the last 5 years prohibited from driving:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Radius of travel by percentage (total must equal 100%):			
(less than 50 mi.) _____ %	(50 - 200 mi.) _____ %	(201 - 500 mi.) _____ %	(501 - 1,000 mi.) _____ % (more than 1,000 mi.) _____ %

SERVICE OR ARTISAN CONTRACTORS

Work performed 6 feet or more below grade:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any work with voltage above 240:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exposure to asbestos or other hazardous materials:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any solar panel work performed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remediation work performed of any kind:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any confined space exposures:	<input type="checkbox"/> Yes <input type="checkbox"/> No
More than 50% work subcontracted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	CSLB #:	
Is the risk a framing contractor or will more than 15% of the job involve framing:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ops conducted below ground level:	(% of Ops) _____		
Ops conducted at ground level:	(% of Ops) _____		
Ops conducted between 0 and 6 feet:	(% of Ops) _____	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry picker/boom <input type="checkbox"/> Other	
Ops conducted between 6 and 12 feet:	(% of Ops) _____	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry picker/boom <input type="checkbox"/> Other	
Ops conducted between 12 and 24 feet:	(% of Ops) _____	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry picker/boom <input type="checkbox"/> Other	
Ops conducted above 24 feet:	(% of Ops) _____	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Cherry picker/boom <input type="checkbox"/> Other	
Max height at which your employees work:		Max depth at which your employees will work:	
Do you have a formal and documented fall protection program:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are shoring techniques mandated for over 3 Feet depth:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any scaffolding set up or take down operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, are employees certified and is there a competent person performing daily inspections of scaffolding:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any rooftop exposure:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the risk have proper safety protocols regarding material handling:	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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JANITORIAL

Any carpet cleaning or floor polishing/waxing operations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any cleaning of hospitals or medical facilities other than "office" cleaning only (no biohazard exposures allowed):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any cleaning of industrial plants:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any construction site clean-up exposures (does not include Tenant improvement clean-up):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any graffiti removal performed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any group transportation of more than 4 employees in any vehicle at any one time:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are crews supervised during night shift:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do employees go to more than one job site per day:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do employees have set routes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does management inspect ladders on a regular basis (daily, month, etc.):	<input type="checkbox"/> Yes	<input type="checkbox"/> No

HEALTHCARE, EDUCATIONAL & SOCIAL ASSISTANCE

Are there written bloodborne pathogen safety protocols:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a formal employee training program:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a formal contact (fluid, solid, etc.) prevention policy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a disease prevention policy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any work with any patients that have communicable diseases (i.e. HIV, AIDS, TB, etc.):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a 12 hour shift maximum for all employees:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are proper lifting devices (hoyer lifts, etc.) used for the transfer and or transport of patients/residents:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a formal lifting policy in place:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If there is a driving exposure, are MVR's checked for all drivers at least annually:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the radius of operations in excess of 100 miles:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ever any transportation of 3 or more employees in the same vehicle at the same time:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the use of puncture resistant gloves, masks and other PPE mandated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Implementation of safety procedures for combative patients/residents/students:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is housing provided to employees:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does risk have any volunteer labor exposure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any "live-in" care provided:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are driver acceptability standards in place:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any volunteer exposures that would fall within the scope of activities assigned by this class code:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the risk specialize in the care of bariatric clients:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the risk specialize in the care of developmentally disabled clients:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the use of masks, gloves and other PPE mandated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a contact and disease prevention program in place:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will employees visit more than 5 clients during their work day:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide percentage of residents/patients: (Ambulatory) _____ % (Non-ambulatory) _____ %		
Percentage of skilled employees (RN, LVN) to non-skilled employees: (Skilled) _____ % (Non-skilled) _____ %		

LANDSCAPING

Does the risk perform land clearing or debris removal:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Highway/roadway/street median work:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
More than 50% of exposure related to landscape construction or trenching:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Removal of heavy boulders:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any use of tractors, loaders, chippers, mulchers, booms or similar equipment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any mature tree removal:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are employees transported in the open beds of pickup trucks:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reforestation exposure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any tree trimming performed off the ground:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Max height) _____ ft. (Max depth) _____ ft.		
Does the insured perform work in excess of 6 feet in depth:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			



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FARMING (Including farm labor contractors)

Primary Crops:	<input type="checkbox"/> Citrus	<input type="checkbox"/> Grapes	<input type="checkbox"/> Roots	<input type="checkbox"/> Ground/bush berries	<input type="checkbox"/> Melons	<input type="checkbox"/> Hay	<input type="checkbox"/> Tree nuts	<input type="checkbox"/> Corn	<input type="checkbox"/> Other
Primary Stock:	<input type="checkbox"/> Cows	<input type="checkbox"/> Sheeps	<input type="checkbox"/> Horses	<input type="checkbox"/> Chickens	<input type="checkbox"/> Turkeys	<input type="checkbox"/> Other			
Does the risk house employees:									<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many:	How are employees selected for housing:								
Are family members employed:									<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees do any pesticide/fertilizer application:									<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do employees have proper certification and training:									<input type="checkbox"/> Yes <input type="checkbox"/> No
Proper training and precautions to avoid heat stress:									<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the maximum height exposure:									<input type="checkbox"/> N/A
If there is a height exposure, does the risk have a formal fall prevention program:									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How are heights accessed:	<input type="checkbox"/> Ladders		<input type="checkbox"/> Cherry Pickers		<input type="checkbox"/> Scissor lifts		<input type="checkbox"/> Other		
Will employees conduct major repairs to greenhouses or climb onto greenhouse rooftops:									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Any use of ATVs that do not have seat belts and/or roll cages:									<input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees transported in the open beds of pickup trucks:									<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees work at more than 1 job site during the course of the day that requires them to use their personal vehicle to travel between sites:									<input type="checkbox"/> Yes <input type="checkbox"/> No

HOTELS

Are average room rates less than \$70 a night:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, are teams of 2 used for flipping mattresses or moving furniture:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the risk contain a swimming or exercise club:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the risk provide any shuttle services:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the risk provide any valet parking services:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any buildings above 6 stories:	<input type="checkbox"/> Yes <input type="checkbox"/> No

RESTAURANTS

Does the risk have any off-site catering operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any robbery or assault incidents in the last 5 years:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all production areas outfitted with non-slip floors:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the establishment located within 1-mile of a freeway:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured provide entertainment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the risk a street vending concessionaire:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the risk a bar/tavern:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does risk employ security guards and/or bouncers:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees clean grease traps, hoods or vents:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this a fast food restaurant:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the risk have any delivery operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Delivery radius: _____	
If delivery is performed, is there any deliveries performed after 10pm:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Does the risk have any 24 hour locations:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If establishment is open 24-hours is there any counter service after 11pm:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Does the insured have any food truck exposure with covered employees:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any sales of alcoholic beverages:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the percentage of alcoholic beverage sales: _____ %	

MANUFACTURING

Is the maintenance of equipment outsourced:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a proper dust collection system in place:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is more than 50% of the manufacturing process automated:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employees using cutting, stamping or punch press machines properly certified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any exposure to brazing, annealing, heat treating or electron beam welding:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proper lock out/tag out procedures for machinery and equipment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is machine guarding in-tact at:	<input type="checkbox"/> Point of operation <input type="checkbox"/> Drive mechanism <input type="checkbox"/> Gears/cutting tools
Average age of machinery:	<input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Between 2 - 5 years old <input type="checkbox"/> Between 5 - 10 years old <input type="checkbox"/> More than 10 years old
Any machinery 15 years or older or custom made:	<input type="checkbox"/> Yes <input type="checkbox"/> No