

DISTRIBUTOR SUPPLEMENTAL INFORMATION

INSURED NAM	ME:		DATE:			
AGENCY:			AGENT NAME:			
1. About the insured's employees:						
How many workers do they employ full-time?	How many workers do they employ part-time?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?	
2. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? Yes No. If no, explain						
3. Does the insured require pre-employment physicals for its warehouse workers?						
4. Is personal protective equipment provided to employees? If so, please describe.						
5. Doe employees undergo first aid training						
6. What is the availability of emergency health care and first aid?						
7. Have any employees received training in emergency first aid, particularly in how to treat symptoms of hypothermia or frostbite?						
8. Does the risk have safety seminars and warning posters on the premises that address whether standards are being met and guidelines are being followed?						
9. What is the insured's practice for employees working in refrigerated areas?						
10. Are emergency hand and eyewash stations provided in areas where cleansing or sterilizing agents are stored or mixed prior to use?						
11. Does the insured have instruction on proper lifting techniques?						

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INSURED NAME:	DATE:	
AGENCY:	AGENT NAME:	
12. Are Motor Vehicle Records checked on all driver	s?	
13. What are the qualifications and experience of the	insured's delivery truck drivers?	
14. Are convex mirrors placed at the ends of aisles are	nd at all blind corners?	
15. What is the layout of the insured's premises?		
16. What is the housekeeping of the insured's premise	es?	
17. What types of cleaners are commonly used to san	itize the facility? How, where, and in what amounts are they stored?	
18. Are spills swept or mopped up immediately?		
9. Does the insured operate a forklift? If yes, what are the training and experience of the insured's forklift operators? Are the insured's forklifts equipped with backup alarms?		
20. Are forklifts gas or electric powered?		
21. Carbon monoxide detectors with audible alarms	in operation?	