



**DISTRIBUTOR SUPPLEMENTAL INFORMATION**

INSURED NAME: \_\_\_\_\_ 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. What are the insured's hours of operation? \_\_\_\_\_

4. What is the layout of the insured's premises? \_\_\_\_\_

5. What is the level of housekeeping? \_\_\_\_\_

6. Does insured require pre-employment physicals for workers? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Is personal protective equipment (PPE) provided to employees? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please describe \_\_\_\_\_

8. Do employees undergo first aid training? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Are first aid kits available onsite and in work trucks? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Are safety signs posted and readable to all employees? Yes \_\_\_\_\_ No \_\_\_\_\_

11. What safety practices are in place for employees working in refrigerated areas? \_\_\_\_\_

12. Are employees trained on proper lifting techniques? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Are Motor Vehicle Records checked on all drivers? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Does the insured have a driver safety program? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Radius of delivery: \_\_\_\_\_ States traveled in: \_\_\_\_\_

16. What are the qualifications and experience of the delivery truck drivers? \_\_\_\_\_



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17. Does the insured operate a forklift? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what are the training and experience of the forklift operators? \_\_\_\_\_
18. Are the insured's forklifts equipped with backup alarms? Yes \_\_\_\_\_ No \_\_\_\_\_
19. Are forklifts gas or electric powered? \_\_\_\_\_
20. Are convex mirrors placed at the ends of aisles and at all blind corners? Yes \_\_\_\_\_ No \_\_\_\_\_
21. What types of cleaners are commonly used to sanitize the facility? \_\_\_\_\_  
How and in what amounts are they stored? \_\_\_\_\_
22. Are emergency hand and eyewash stations provided in areas where cleansing or sterilizing agents are stored or mixed prior to use? Yes \_\_\_\_\_ No \_\_\_\_\_
23. Are spills swept or mopped up immediately? Yes \_\_\_\_\_ No \_\_\_\_\_
24. Are carbon monoxide detectors with audible alarms in operation? Yes \_\_\_\_\_ No \_\_\_\_\_