



**FEED MANUFACTURING SUPPLEMENTAL INFORMATION**

INSURED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_ AGENT NAME: \_\_\_\_\_

1. About the insured's employees:

| How many workers do they employ? | 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 is the layout, age and condition of the insured's premises? (Attach layout diagram of premises. )

4. Is there a railroad sidetrack on premises? \_\_\_\_\_

5. The hours of operation: \_\_\_\_ to \_\_\_\_

6. What is the level of housekeeping? Are floors swept or vacuumed daily?

7. Are machinery and equipment well maintained? \_\_\_\_\_

8. Are safety guards in place where appropriate? \_\_\_\_\_

9. Is a dust collection system used?

10. Does insured have a formal safety program? \_\_\_\_\_ If yes, provide details.

11. Are accident recordkeeping and investigative practices in place? \_\_\_\_\_

12. Is OSHA 300 log maintained? \_\_\_\_\_

13. What are the types and condition of Personal Protective Equipment (PPE) issued to the insured's employees?

14. What measures has the insured taken to enforce the use of PPE?

15. Does insured have formal Lock Out/Tag Out program?

16. Are workers instructed in proper lifting techniques?



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17. Does the premises contain forklifts? \_\_\_\_\_

If yes, is the rated load capacity clearly marked on all forklifts?

Are employees instructed not to exceed the rated capacity of any forklift?

Are forklifts equipped with overhead protection, such as a roll cage?