



Atlas GoQuote Supplemental

Insured Name: _____

Web Site: _____

FEIN: _____

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:	Yes No N/A
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		

EMPLOYMENT PRACTICES

Group medical provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability insurance provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of employees enrolled:	_____ %	Paid sick leave/vacation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage paid by employer:	_____ %	Retirement/Pension:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)		

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 - 50 miles <input type="checkbox"/> 50 - 100 miles <input type="checkbox"/> 100 - 200 miles <input type="checkbox"/> Over 200 miles		
		Lifting exposure:	<input type="checkbox"/> N/A <input type="checkbox"/> 0 - 20 lbs <input type="checkbox"/> 20 - 50 lbs <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		

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:			