



SUPPLEMENTAL APPLICATION

THIS APPLICATION MUST ACCOMPANY THE HUMAN SERVICES ADVANTAGE SUPPLEMENTAL APPLICATION

Applicant Name: _____

1. Describe type of work performed:

2. Number of supervisors/trainers: _____ Annual receipts from workshop: \$ _____

3. Number of clients served daily: _____ Age Range: _____

4. Is Workers' Compensation carried on clients? Yes No

If Yes, list carrier and effective dates: _____

5. Are clients paid a salary and considered employees? Yes No

6. What percentage of clients are physically challenged? _____%

7. What percentage of clients are mentally challenged? _____%

8. Do you perform industrial subcontracted work (i.e. packaging, assembling, actual manufacturing of a finished product)? Yes No

If Yes, what company label goes on the product? _____

And, who is the ultimate user of the product? _____

9. Does the workshop provide transportation? Yes No

If Yes, explain:

10. Do clients work with power equipment? Yes No

If Yes, describe safety measures and supervision:

11. Are janitorial services performed for others? Yes No

If Yes, describe equipment used:



12. Any woodworking of any type? Yes No
If Yes, describe dust control systems, spraying safeguards & ventilation:

13. Any plastics manufacturing of any type? Yes No
If Yes, describe controls, heat safeguards & ventilation:

14. Any use of chemicals? Yes No

15. Are flammables stored in proper receptacles? Yes No

16. Do your products produce any fumes, acids or waste? Yes No

If Yes, describe controls of this exposure:

17. When was the last time the workshop was inspected by OSHA? _____

Were any deficiencies noted? Yes No

If Yes, explain:

18. Does your facility have a formal training program for staff? Yes No

If Yes, does it include the following:

a. Emergency procedures including first aid? Yes No

b. Review of labor laws? Yes No

c. Training in recognizing problems with clients? Yes No

19. Is there a formal quality control procedure in place for manufactured items? Yes No

20. Are hold harmless/contractual agreements signed with customers? Yes No

If Yes, describe:



COMMENTS

DECLARATION AND SIGNATURE

Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all Insureds from the entity or their authorized representative(s) concerning this insurance.

Named Individual: _____

Title/Position: _____ **Date:** _____

Attestation

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind The Hanover Insurance Group, Inc. to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

Signature of Authorized

Entity Representative: _____ **Date:** _____



Allen Financial Insurance Group

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