

ZAS

Zurich Agency Services

VOCATIONAL TRAINING/SHELTERED WORKSHOP QUESTIONNAIRE

Named Insured: _____

Number of clients served daily _____ Age range: _____

Number of supervisors/trainers _____

Annual receipts from workshop _____

Please describe the type of work performed/contracted. _____

1. Are hold harmless/contractual agreements signed? Yes No
2. Are clients paid a salary and considered employees? Yes No
3. Are client/employees covered by workers compensation? Yes No
4. Number of physically disabled # _____
5. Number of mentally disabled # _____
6. Does the workshop provide transportation? Yes No

OPERATION

1. Are power tools/equipment used in workshops? Yes No
Describe safety measures and supervision. _____

2. Is there any woodworking/pallet manufacturing? Yes No
Describe dust control system safety measures. _____

3. Is there any spray painting? Yes No
Describe ventilation and safety measures. _____

4. Are paints stored in U.L. approved containers? Yes No
5. Does insured have a silk screening operation? Yes No
6. Are electrical wiring/appliance repairs conducted? Yes No
Describe. _____

**If you want to learn more about the compensation Zurich pays agents and brokers visit:
<http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192. This
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7. Is there any heat sealing? Yes No
Describe safety measures. _____

8. Is there any use of chemicals? Yes No
Describe type and safety measures. _____

How are chemicals stored? _____

9. Do you have an orientation program which all staff and regularly scheduled volunteers complete within their first month at the facility? Yes No

10. Does orientation provide for:

- 1) A review of the facility's policies? Yes No
- 2) Training in emergency procedures (including first aid)? Yes No
- 3) Job responsibilities in relation to the job description? Yes No
- 4) Training in recognition of diseases? Yes No
- 5) Review of abuse and neglect laws? Yes No

11. Does the facility implement an in-service training program? Yes No

12. Have you or any employee/volunteer been suspended, dismissed, or the contract of employment non-renewed? Yes No
If yes, explain. _____

AGENCY NAME _____

COMPLETED BY _____ Date _____

Send to:
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