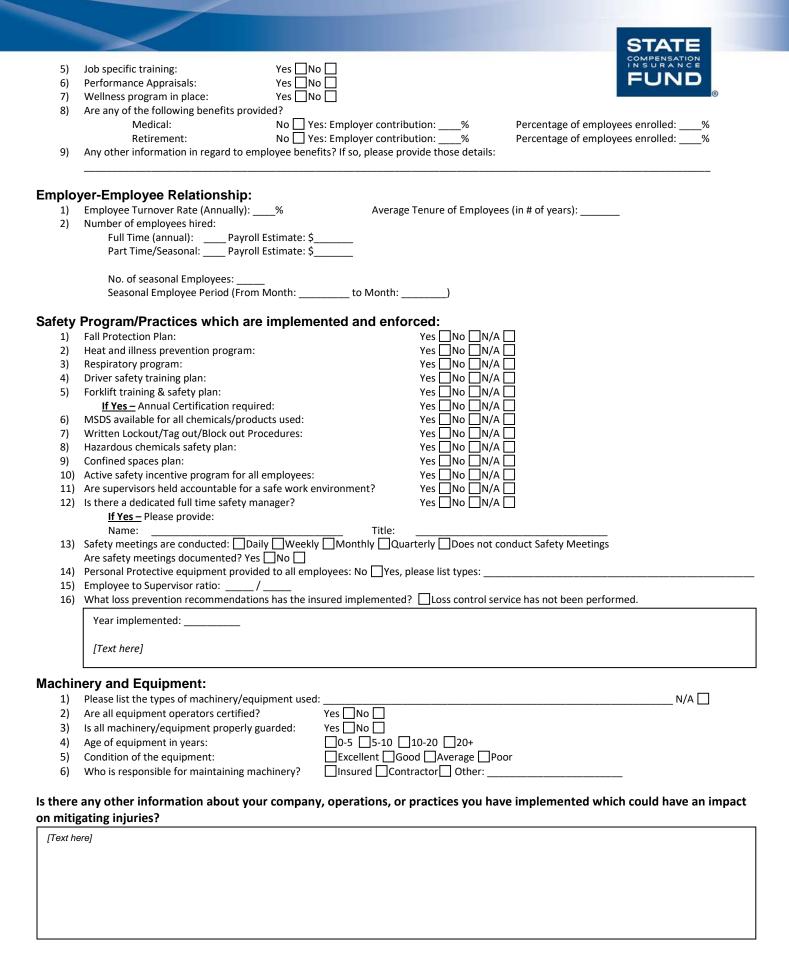


Rental Property Owner / Operator - Supplemental Questionnaire

Applicant Information:

Propose	ed Effective Date: / /	Legal Na	ime:	Application ID:	
Applica	tion completed by: Broker: Employer:				
Please	provide (first, last) name:		Date:		
	any rental units?		Are any of the operations subcontracted to others? Yes _No _ If yes, please list those operations		
Is housing provided to any employee's? Yes \[\] No \[\] If yes, how many employees are provided with housing? \[\] Please list the job responsibilities for each employee separately below:			[text here]		
[text	here]		Certificate of Worke	ep the following copies on file for each sub-contractors' Compensation Insurance: Yes \(\square\) No \(\square\) nse number: Yes \(\square\) No \(\square\)	
Genera 1) 2)	Maximum Weight lifted:lbs. [If applicable: Manual Lift	ng height exposures: (<i>Checi</i> Scissor Lifts Sured build their own? No N/A ing Employ	Other:% of and gree(s) lifts with assista	nual operations compared to total operations. nce: Please explain:	
3)	Vehicle exposure: Yes No				
4)	Any Out of State, International, or Overnig If Yes - Please provide: Number of employee's traveling Method of transportation: Frequency of travel:	:	Location(s):		
5)	CPR Training provided: Yes No 1	f Yes - Number of Emplo	yees certified:		
Claims Handling: 1) Is there a set procedure for reporting claims? 2) Is there a formal written accident investigation report? 3) Do you currently participate in an MPN program to control claim costs? Yes No					
Personnel Practices: 1) New-hire orientation program: Yes No Is the orientation documented? Yes No Some is active in daily operations: Yes No Some is act					



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