



Mid America Specialty Markets  
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## Sheltered Workshop Questionnaire (Attach to an Acord application)

Policy Number: \_\_\_\_\_

Applicant's name _____				
Address _____				
	Street	City	State	Zip
Applicant's website address _____		Contact's email address _____		

Customer #: \_\_\_\_\_ Agency Name: \_\_\_\_\_ Agency Code: \_\_\_\_\_

- 1) Is the sheltered workshop licensed?  Yes  No  
 If yes, please attach a copy of the license
  
- 2) Please indicate the population served. Indicate based on census (Actual number, not full time equivalent)
 

<i>Developmentally Disabled,</i>	<i>Psychiatric Rehabilitation</i>	<i>Medical/Vocational Rehabilitation</i>
<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Mental Disabilities	<input type="checkbox"/> Brain Injury
<input type="checkbox"/> Autistic	<input type="checkbox"/> Abused Adults	<input type="checkbox"/> Sports Injury
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Alcohol & Drug	<input type="checkbox"/> Spinal Injury
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Methadone Maintenance	<input type="checkbox"/> Disease
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Amputees
		<input type="checkbox"/> Other: _____
  
- 3) Please describe the work the clients perform on site. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- 4) What machinery and/or equipment is on the premise? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- 5) Is any machinery/equipment used by the clients?  Yes  No  
 If yes, please describe. \_\_\_\_\_  
 \_\_\_\_\_
  
- 6) Are parts assembled for another company?  Yes  No  
 If yes, please describe. \_\_\_\_\_  
 \_\_\_\_\_
  
- 7) Are parts manufactured for another company?  Yes  No  
 If yes, please describe. \_\_\_\_\_  
 \_\_\_\_\_
  
- 8) Is a product manufactured?  Yes  No  
 If yes, please describe the product that is manufactured and the gross sales. \_\_\_\_\_  
 \_\_\_\_\_



9) Whose label goes on the product? \_\_\_\_\_  
 Please provide a copy of the label.

10) Who is the end user of the product? \_\_\_\_\_  
 \_\_\_\_\_

11) Are flammables stored in the proper receptacles?  Yes  No

12) What controls are in place for painting, stripping, finishing, welding, metalworking, woodworking, etc?  
 \_\_\_\_\_  
 \_\_\_\_\_

13) Is there a quality control program in place?  Yes  No

14) When was the last time OSHA inspected the workshop? \_\_\_\_\_  
 Please attach a copy of the inspection.

15) Are fire drills conducted quarterly?  Yes  No

16) Indicate the type of work performed by off site contracts? \_\_\_\_\_  
 \_\_\_\_\_

If they are hired with their job coach, how long does the coach usually stay paired with the client?  
 \_\_\_\_\_

17) Do you provide workers' compensation for workshop employees?  Yes  No

If yes, please indicate gross dollar amounts for the following:

Off-site Janitorial:	_____	Payroll:	\$ _____
Off-site Landscaping:	_____	Payroll:	\$ _____
Restaurants and/or Café:	_____	Receipts:	\$ _____
Stores:	_____	Sales:	\$ _____
Camps:	_____	Annual Seasonal:	_____

18) If a client and/or employee is injured on the job, is there a return to work program?  Yes  No

19) Is transportation provided to the clients?  Yes  No

20) 3 year loss runs are REQUIRED FOR ALL THE LINES we are to quote.

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.		
_____		_____
Applicant's Signature		Date
_____	_____	_____
Agent's Signature	Agency Name	Date