



P.O. Box 2009, Glen Allen, VA 23058-2009
800-431-1270 Fax: 804-527-7966

Vocational/Sheltered Workshop Supplement

(To be attached to ACORD applications)

NAMED INSURED: _____

1. Number of clients served daily: _____ Age range: _____
2. Number of supervisors/trainers: _____ Annual receipts from workshop: _____
3. Describe type of work performed: _____
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. Does workshop provide transportation? ☐ Yes ☐ No
If yes, what type: _____
9. Do clients work with power equipment? ☐ Yes ☐ No
If yes, describe safety measures and supervision. _____
10. Are janitorial services performed for others? ☐ Yes ☐ No
If yes, describe equipment used. _____
11. Any woodworking of any type? ☐ Yes ☐ No
If yes, describe dust control systems, spraying safeguards & ventilation. _____
12. Any plastics manufacturing of any type? ☐ Yes ☐ No
If yes, describe dust control, heat safeguards & ventilation. _____
13. Any use of chemicals? ☐ Yes ☐ No
If yes, describe types, quantities and how stored: _____
14. Do your products produce any fumes, acids or waste? ☐ Yes ☐ No
If yes, how are these exposures controlled: _____
15. Does your facility have a formal training program for staff? ☐ Yes ☐ No
If yes, does it include the following:
Emergency procedures including first aid? ☐ Yes ☐ No
Review of labor laws? ☐ Yes ☐ No
Training in recognition of problems with clients? ☐ Yes ☐ No
16. Is there a formal quality control procedure in place for manufactured items? ☐ Yes ☐ No
17. Are hold harmless/contractual agreements signed with customers? ☐ Yes ☐ No
If yes, describe: _____

Additional Comments: _____