



CENTERPOINT INSURANCE GROUP

SHELTERED WORKSHOPS SUPPLEMENTAL APPLICATION

Applicant/Agency Name: _____

Mailing Address: _____

1. Describe work/product being performed: _____

2. Do you perform industrial subcontracted work: e.g., packaging, assembly, actual manufacturing or a finished product? Yes No
3. What company label goes on the product? _____
4. Who is the ultimate user of the product? _____
5. Is there renovation of processing of used materials? Yes No If yes, describe materials: _____

6. Are flammables stored in proper receptacles? Yes No
7. What controls are in place for painting, stripping, finishing, welding, metalworking, work working, etc?

8. Are hazardous operations separated: e.g., paint spray booths, welding booths, dipping tanks, sawing/sanding areas? Yes No If yes please describe how: _____

9. When was the last time the workshop was inspected by OSHA? _____
Were any deficiencies noted? Yes No If yes, explain: _____

10. Is there proper ventilation for the work being performed? Yes No
Describe frequency and type of waste disposal: _____
11. Quality control program in place? Yes No
12. Do counselors make follow up visits to clients placed in outside employment? Yes No

AGENT'S/BROKER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____