



SOCIAL SERVICES PROGRAM SHELTERED WORKSHOP QUESTIONNAIRE

COMPLETE QUESTIONNAIRE FOR *EACH* LOCATION

LOCATION NO. _____

1. Estimated number of client days per year _____
2. Maximum number of clients any one day _____
3. Brief description of activities and nature of products _____

4. Estimated annual receipts _____
5. Are the clients' covered by Workers' Compensation? Yes No
6. _____

Employees assigned to this location	Number of full time	Number of part-time
M.D.'s & Ph D.'s		
Social Services		
R.N.'s & L.P.N's		
Supervisors		
Instructors/Teachers		
Clerical		
Case Managers		

Other (explain) _____

7. Do clients work with power equipment? Yes No
If yes, please describe _____
8. Is coverage for products Liability desired? Yes No
9. How is the product sold? Wholesale Retail Jobber Direct
10. Are hold harmless agreements given to others in connection with products manufactured by applicants? Yes No

11. Contractual Liability: Attach copy of all contracts to be covered other than the following' lease of premises, easement agreements, side tract agreements, agreements required by municipal ordinance, elevator maintenance agreement.

12. Spray Painting: Yes No
Discharge of Fumes Yes No
Discharge of acids or wastes Yes No
Use of radio active materials Yes No

Describe any hazard, on or away from the premises, not normally existing with this class of business.

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another (NY: other) person files an application for insurance (NY: or statement of claim) containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, (NY: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation) and subjects the person to criminal and civil penalties. In Maine and Virginia, insurance benefits may also be denied.

Applicant's Signature _____ Date _____