

BEDFORD UNDERWRITERS, LTD.

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Supplemental Questionnaire *Retail/Wholesale*

We are considering quoting this account prior to a loss control survey. Please help us by obtaining this information and return to us by _____. This will have a direct impact on our decision making process. Thank you in advance for your cooperation!

DETAILED DESCRIPTION OF OPERATIONS: (PLEASE SEND CORPORATE BROCHURE IF AVAILABLE)

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- Union : Yes ____ No ____
 - Number of employees : Total ____
 - Average wage : \$____ / HR.
 - Delivery : Yes ____ No ____ **If Yes Answer the Following**
 - Number of drivers : ____
 - Radius of operations : Avg. ____ Mi. Max. ____ Mi.
 - Loading and unloading : Yes ____ No ____
 - Hours of delivery : 24 Hrs. Per Day (Y/N) ____ or ____ M to ____ M
 - Money carried or collected : Yes ____ No ____
 - Are health benefits provided : Yes ____ No ____
 - If yes, what percentage is paid by the employer : ____%
 - Manual lifting : Yes ____ No ____
 - If yes, weight lifted : Avg. ____ lbs. Max. ____ lbs.
 - Return to work program : Yes ____ No ____
 - If Yes describe : Informal / Case by Case ____ Formal Documented ____
 - Safety program in place : Yes ____ No ____
 - If Yes describe : Informal ____ Formal / Documented ____

SAFETY PROGRAMS - EFFORTS / ADDITIONAL COMMENTS:
