

**QUESTIONNAIRE
WOODWORKERS**

1) Name of applicant : _____

2) Postal Address : _____

3) Address of risk : _____

4) Type of operations : _____

5) Does applicant do installations : Yes No

6) Annual Receipts : Manufacturing : \$ _____ Installation : \$ _____

7) Number of employees : _____

8) How many machines : _____

9) Specify the type of machines : _____

10) Are the machines equipped with dust collectors : Yes No

11) Are there any flammable liquids : Yes No

If Yes, Specify: _____

12) Any Painting : Yes No s

If Yes, is there an approved painting room: Yes No

13) Is there any manufacturing of children's furniture or toys : Yes No

Broker: _____

Tel : _____ Fax: _____

Signature of Insured or Broker