

NEGLEY
ASSOCIATES
UNDERWRITING MANAGERS

388 Pompton Avenue, P.O. Box 206, Cedar Grove, NJ 07009
1-800-845-1209 • 973-239-9107 • Fax: 973-239-6241
www.jjnegley.com

SHELTERED WORKSHOP/PRODUCTS
SUPPLEMENTAL APPLICATION

1. Applicant _____
 2. Address of Sheltered Workshop _____
 3. Number of clients attending Sheltered Workshop daily _____
 4. Number of teachers/instructors (daily) _____
 5. Describe operations at Sheltered Workshop (please be specific)

 6. What type of clientele are working at Workshop? (list by percentage) Mentally Retarded _____ Mentally Ill _____
Physically Handicapped _____ Other (describe) _____
 7. Complete list of tools

 8. Number of clients operating power tools _____
Client/Supervisor ratio _____
 9. Complete list of products made

- Annual Receipts (by Product):

10. Are clients paid a salary? Yes No If so, annual payroll _____
 11. Are clients covered by worker's compensation? Yes No If so, name of carrier _____
 12. Are clients covered by a separate accident/medical policy? Yes No If so, name of carrier _____