

**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