

**GLASS DEALERS AND GLAZIERS  
SUPPLEMENTAL APPLICATION**

**This Supplemental Application along with all other requested Donegal Insurance Group Applications and/or ACORD Applications constitute the Application for Insurance.**

**A. APPLICANT INFORMATION**

Applicant Name<sup>1</sup>: \_\_\_\_\_ Web Site Address: \_\_\_\_\_  
 Quote/Policy Number: \_\_\_\_\_ Date Quote Needed: \_\_\_\_\_  
 Agency Name and Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

<sup>1</sup> Whenever used in this Application, the term "Applicant" includes all firm names, trading names, 'Doing Business As' (DBA) names, and if incorporated, the Parent Corporation and all of its subsidiaries, unless stated to the contrary in the Remarks section of this Application.

**B. GENERAL INFORMATION**

1. Describe the applicant's operation by providing the percent of total operations resulting from each item listed under the two groups below.

a. Residential: _____ %	b. Sales (Retail/Wholesale): _____ %
Commercial: _____ %	Installation-New Construction: _____ %
Industrial: _____ %	Installation-Existing Building: _____ %
Institutional: _____ %	Repair/Service: _____ %
Automobile: _____ %	

- 2. Does applicant perform work that is greater than three stories in height?  Yes  No
- 3. Does applicant perform automobile glass installation, repair or replacement?  Yes  No
- 4. Does applicant perform any work involving higher risk facilities including, but not limited to:
  - Nuclear power plants  Yes  No
  - Electric power plants  Yes  No
  - Water or sewer plants  Yes  No
  - Chemical processing or storage facilities  Yes  No
  - Airport tower or terminal construction  Yes  No
  - Any other high risk industrial facility not listed  Yes  No
- 5. Does applicant use suction carrying device to the side of the glass that allows it to be lifted and moved without applying pressure?  Yes  No
- 6. Does applicant use two-person teams (or more where necessary) to move heavy panes or sheets of glass (even a smaller pane can weigh several hundred pounds)?  Yes  No
- 7. Does applicant provide employees with appropriate personal protection equipment?  Yes  No
- 8. Are ladders inspected daily prior to use and faulty or damaged ladders replaced?  Yes  No
- 9. Is scaffolding properly erected?  Yes  No
- 10. Is OSHA Fall Protection followed - whenever work is six or more feet off the ground?  Yes  No
- 11. Are materials/tools hoisted up to platforms rather than have employee carry up the ladder with them?  Yes  No
- 12. If working with laminated glass, do employees wear safety goggles, gloves and a fire resistant apron?  Yes  No
- 13. Is regular floor sweeping and mopping required to reduce likelihood of slips and falls?  Yes  No
- 14. Is there proper ventilation of glass cutting shop?  Yes  No

- 15. Is all power equipment properly grounded and NRTL-Listed?  Yes  No
- 16. Are employees trained in proper operating procedures?  Yes  No
- 17. Is there a formal training program stressing the importance of proper machine guarding?  Yes  No
- 18. Is all power equipment required to be unplugged when being repaired?  Yes  No
- 19. Is applicant in compliance with OSHA regarding occupational noise level?  Yes  No
- 20. Are employees in grinding and cutting areas provided with and required to wear OSHA-approved personal hearing protection?  Yes  No
- 21. Are cutting and grinding areas properly ventilated?  Yes  No
- 22. Are employees engaged in cutting and grinding required to wear respirators?  Yes  No
- 23. Are forklifts protected with overhead protection such as a roll cage?  Yes  No
- 24. Are forklift operators properly trained (OSHA Training)?  Yes  No
- 25. List largest jobs in progress.

	Customer Name	Location/Description	Cost
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

26. List largest jobs completed within the past year.

	Customer Name	Location/Description	Cost
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

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**REMARKS:**