

The following safety, security, and work rules are required to be followed by visitors, vendors, customers, contractors, or any person who is not part of our production team, but is on Paul Mueller Company premises while conducting work (defined as “advanced visitors”).

1. A certificate of insurance for general liability, auto liability, and worker’s compensation must be submitted to the company Risk Manager before work begins. (See pages 3 and 4 for Paul Mueller Company Insurance Requirements and example page.)
2. On the first day that work is to be performed, coordinate with the Paul Mueller Company representative for site entrance protocol.
3. The advanced visitor’s supervisor in charge shall provide a current and up-to-date list of personnel that will be working in the plant. This list shall be distributed to appropriate plant supervision and the Security Department.
4. All such advanced visitors must sign in and sign out when entering and leaving the plant premises. This can be at any entrance.
5. All such advanced visitors shall be issued a visitor’s ID badge upon entering the company premises at the beginning of each workday. All badges shall be worn in an appropriate area on the clothing in order to easily identify the person’s clearance status. The ID badge is to be returned to the Security Guard, Receptionist, or other company representative at the end of each workday. Personnel needing recurring access may be issued a personalized badge at the discretion of the Paul Mueller Company.
6. All such advanced visitors will practice good safety procedures and will use appropriate safety devices.
7. Firearms, weapons of any type, alcohol, narcotics, and tobacco products are not allowed on plant premises. All advanced visitors may be required to submit to an alcohol or drug test to verify continued work competency. Failure to do so will result in preventing that employee from continued work on site.

DRESS CODE AND PERSONAL PROTECTIVE EQUIPMENT (PPE)

8. All advanced visitors shall dress appropriately and safely for the job they are performing.
9. Shorts and cutoffs are not allowed. Pants or jeans with holes that expose the skin, underwear, pockets, or anything underneath are not allowed. Shirts worn unbuttoned with open front and sides or having any exposed portion of the waist, hips or midriff, are prohibited. No fraying or loose threads are allowed. All shirts and blouses must have an identified full hemmed sleeve covering the turn of the shoulders.
10. Loose-fitting clothes and dangling jewelry shall not be worn when working near moving or rotating equipment. This includes, but is not limited to, items such as baggy clothing, untied shoes, neckties, dangling earrings, necklaces, bracelets, and pocket chains, etc.
11. Metallic rings and watches shall not be worn by individuals that work on electrical circuits.
12. Only safety-toed shoes meeting the current ASTM F2413 standard shall be worn in production areas.
13. Advanced visitors that do not have appropriate safety-toed shoes will be required to wear steel-toed coverings.
14. Long hair that extends past the shoulders shall be restrained to keep it from getting caught in machinery.
15. ANSI Z87.1 approved safety glasses shall be worn in our production facilities at all times. This also includes all fenced areas and any other outside production grounds. (Regular prescription glasses, non-safety glasses, and sun glasses are not permitted. Prescription safety glasses require side shields).
16. Hearing protection shall be worn in all areas where high noise occurs. Earbuds are not allowed.
17. Hard hats shall be worn when working in designated “Hard Hat” areas.
18. Safety harnesses shall be utilized in all aerial lift and scissor type lift platforms at all times.
19. Cut resistant gloves shall be worn when handling material. Additionally, specialized gloves shall be worn to protect from chemicals, heat, impact, and other recognized hazards. Contact the Paul Mueller Company Safety Department for assistance.

ADDITIONAL WORK RULES

20. All advanced visitors will not be allowed to use Paul Mueller Company tools or equipment without prior approval and proper training. Permission may only be given by the Production/Maintenance Supervisor or Superintendent having control of the tool or equipment.
21. Cranes, tank rolls, forklifts, or any other lifting equipment shall only be operated by Paul Mueller Company employees unless specific clearance has been given by the Mueller Safety Department.
22. Supervisors of advanced visitors are responsible for ensuring their employees are properly trained in all tasks they will be performing while on-site. They must be trained for the specific tools, equipment, and procedures. Such training may require formal documentation. The Supervisor shall notify Paul Mueller Company of any additional training needs prior to use of Paul Mueller Company tools or equipment. Managers/Supervisors are authorized to sign page 5 in lieu of their employees.
23. All advanced visitors shall comply fully with all OSHA regulatory standards and requirements as appropriate for the work they are completing.
24. Advanced visitors working at Paul Mueller Company shall maintain and keep confidential information related to their services or related products belonging to Paul Mueller Company. Such services may include, without limitation: Consulting, research, engineering, manufacturing, machining, model making, testing, and/or providing materials, designs, parts, etc. Such information may not be disclosed to a third party or used for its own benefit or gain, except as permitted by Paul Mueller Company in writing.
25. Taking photos is prohibited unless approved in advanced and in writing by the appropriate Paul Mueller Company manager.
26. Cell phones shall only be used (talking on or viewing) while the user is stationary. Prior to using phones, personnel shall step away from production activities and out of vehicle traffic areas. Phones are not to be used while driving any vehicle or equipment.
27. Advanced visitors working at Paul Mueller Company shall indemnify, defend, and hold harmless Paul Mueller Company and its officers, directors, agents, and employees from any loss, damage, liability, or claim which arises out of, or which is claimed to arise out of, performance of any services by their company and its subcontractors, agents, and employees for Paul Mueller Company.

PAUL MUELLER COMPANY INSURANCE REQUIREMENTS

Paul Mueller Company requires all vendors/subcontractors who enter our premises to provide the following insurance:

1. **WORKER'S COMPENSATION INSURANCE** fully complying with the laws of the state or states in which the work is to be performed, and **Employer's Liability Insurance** with a minimum limit of \$1,000,000 covering injuries to and death of Vendors/Subcontractors employees.
2. **COMMERCIAL GENERAL LIABILITY INSURANCE** in the amount of \$1,000,000 each occurrence combined single limit for bodily injury and property damage liabilities; and \$2,000,000 general aggregate; and \$1,000,000 products/ completed operations aggregate. Vendor/subcontractor agree to have Paul Mueller Company named as an **ADDITIONAL INSURED** under its policy of insurance.
3. **AUTOMOBILE LIABILITY INSURANCE** in the amount of \$1,000,000 combined single limit for bodily injury liability and property damage liability. This coverage applies to each and every unit of automotive equipment operated or used by vendor/subcontractor in the performance of their work.
4. Vendor/subcontractor agree to have Paul Mueller Company named, as an **ADDITIONAL INSURED** under its policy of insurance.
5. **EXCESS LIABILITY INSURANCE** in the amount of \$2,000,000 per occurrence that is follow-form to the above general and automobile liability policies.

Please issue a current Certificate of Insurance, which reflects the above coverage.
Access to Paul Mueller Company will be denied unless the above is fully complied with.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) MM/DD/YYYY

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER {Insurance Agent or Broker Name} {Insurance Agent or Broker Address} {City, State, Zip Code}	CONTACT NAME: {Contact Name}
	PHONE (A/C, No, Ext): {Contact Phone Number} FAX (A/C, No): {Fax Number}
	E-MAIL ADDRESS: {Contact Email Address}
	INSURER(S) AFFORDING COVERAGE NAIC #
INSURED {Insured Name} {Insured Address} {City, State, Zip Code}	INSURER A : {Insurer Name(s)*}
	INSURER B :
	INSURER C :
	INSURER D : * All listed Insurers must have
	INSURER E : A.M. Best Insurance Rating of at least
	INSURER F : "A- / VIII"

COVERAGES **CERTIFICATE NUMBER:** 1942497703 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			{GL Policy Number}	{MM/DD/YY}	{MM/DD/YY}	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
								MED EXP (Any one person)	\$ 25,000
								PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC			\$
		OTHER:							\$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY			{AL Policy Number}	{MM/DD/YY}	{MM/DD/YY}	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/>	HIRED AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>								\$
A	<input checked="" type="checkbox"/>	UMBRELLA LIAB			{Policy Number}	{MM/DD/YY}	{MM/DD/YY}	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/>	EXCESS LIAB						AGGREGATE	\$ 2,000,000
	<input type="checkbox"/>	DED	<input checked="" type="checkbox"/>	RETENTION \$ 10,000					\$
A	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			{WC EL Policy Number}	{MM/DD/YY}	{MM/DD/YY}	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	N / A				E.L. EACH ACCIDENT	\$ 1,000,000
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The Certificate Holder is included as Additional Insured on the General Liability, Automobile Liability, and Umbrella Liability Policies. A Waiver of Subrogation is provided in favor of Additional Insured on the General Liability, Automobile Liability, Umbrella Liability and Workers Compensation Policies.

CERTIFICATE HOLDER

CANCELLATION

Paul Mueller Company 1600 W. Phelps Street Springfield, MO 65802	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE {Signature}



Advanced Visitor Safety Requirements

I/we have received a copy of the Advanced Visitor Safety Requirements and agree to abide by all of the rules while conducting work at Paul Mueller Company. I/we agree to bring any safety concerns or questions to the attention of the Paul Mueller Company Safety Department.

Company: _____

Visitor Name(s): _____

Title: _____

Authorized Signature: _____ Date: _____