



METALWORKING SUPPLEMENTAL APPLICATION

Complete, answer, or check (✓) for "Yes," where appropriate.

ACCOUNT INFORMATION

Business Name: _____

Business description: _____

Website: _____

Year business started: _____ Years of management experience in this business: _____

Describe operations or product lines started in last 3 years: _____

Describe discontinued operations or products: _____

Full-time risk manager or safety director? Name: _____

Written safety program/plan? Provide a copy.

PROPERTY & PROTECTION

Hours of operation: _____

- | | |
|---|---|
| <input type="checkbox"/> Building built for your occupancy? How long at location? _____ | <input type="checkbox"/> Central station fire alarm? |
| <input type="checkbox"/> Full sprinkler protection? <input type="checkbox"/> ESFR System? | <input type="checkbox"/> Heat detectors (<input type="checkbox"/> battery, or <input type="checkbox"/> hard wired) |
| <input type="checkbox"/> Partial sprinklers; What %? _____ | <input type="checkbox"/> Central station burglar alarm? |
| <input type="checkbox"/> In-rack sprinklers? | <input type="checkbox"/> Smoke detectors? (<input type="checkbox"/> battery, or <input type="checkbox"/> hard wired) |
| <input type="checkbox"/> Fire or Booster Pump | <input type="checkbox"/> Designated smoking areas <input type="checkbox"/> No smoking allowed |
| <input type="checkbox"/> Diesel | <input type="checkbox"/> Other - describe: _____ |
| <input type="checkbox"/> Electric <input type="checkbox"/> Has backup power? | <input type="checkbox"/> All equipment & processes properly grounded/bonded? |
| <input type="checkbox"/> Other - describe: _____ | <input type="checkbox"/> Other protection; Describe: _____ |
| <input type="checkbox"/> Churn Test? Frequency: <input type="checkbox"/> WK <input type="checkbox"/> MO | <input type="checkbox"/> Powder Coating |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Electrical Discharge Machining (EDM) |
| <input type="checkbox"/> Annual Performance Test in last 12 months? | <input type="checkbox"/> High Temperature Shut-Off |
| <input type="checkbox"/> Spray painting? <input type="checkbox"/> UL or FMI approved booth? | <input type="checkbox"/> Low Dielectric Level Shut-Off |
| <input type="checkbox"/> Ventilation, w/explosion-proof wiring & lighting? | <input type="checkbox"/> Automatic Suppression System |
| <input type="checkbox"/> Automatic sprinkler system inside? | <input type="checkbox"/> Electroplating |
| <input type="checkbox"/> Powder Coating | <input type="checkbox"/> Heat Treating |
| <input type="checkbox"/> Automatic Guns | <input type="checkbox"/> Die Casting |
| <input type="checkbox"/> Automatic Fire Detection & Shut down | <input type="checkbox"/> Forging |
| <input type="checkbox"/> Maintenance/Cleaning procedures for hangers | <input type="checkbox"/> Laser/Plasma Cutting |
| <input type="checkbox"/> Sprinkler/Suppression protection in booth | <input type="checkbox"/> Welding/Brazing |

- Flammable/Combustible liquids. Describe (quantities, types, storing/handling): _____

- MSDS sheets available?
- Combustible/Flammable metals (dust/filings). Describe(types, controls): _____

- Precious or exotic metals. Describe (quantities, values, security): _____

- Woodworking, Describe: _____
- Plasticworking, Describe: _____
- General storage/warehousing: Area: _____ sq. ft. Products stored there: _____

- Die/Mold Storage, Describe (# and value of dies/molds): _____

GENERAL LIABILITY

- Retail Sales? Are sales from your business' location?
- Loading dock safety policies?
- Premises outside U.S.? Describe: _____
- Off-premises operations? Describe: _____
- Any work subcontracted? Amount: \$ _____ Describe: _____

CONTINGENCY PLANS

- Formal contingency plan?
- Individual suppliers key to operation? Backup available? Contractual agreement for backup?
Describe item(s) supplied & percent of operation: _____
- Individual subcontractors key to operation? Backup available? Contractual agreement for backup?
Describe service(s) provided & cost of hire: _____
- Specialized equipment taking more than 30 days to replace? Describe equipment, use, replacement time and values: _____
- Ownership of separate facility with equivalent equipment and ability to increase production in the event of a loss to other locations or specialized equipment.
Describe location: _____
- Other formal contingency plans for production in the event of loss preventing the use of the specialized equipment? Describe: _____

PRODUCTS:

- Total Receipts \$ _____ Internet Receipts: \$ _____ International Receipts: \$ _____
- Component parts End use products Job Shop
 - End use of products unknown. Explain: _____

- Describe Products: _____

Receipts breakdown by type of product/product use:

Aircraft/Aerospace \$	Medical \$	HVAC Equipment \$
Auto \$	Watercraft \$	Storage Tanks \$
Petro-Chemical \$	Nuclear \$	Military \$
Mining Industry \$	Railroad Industry \$	Structural Bldg Materials \$
Alarm/Security \$	Firearms/Ammunition \$	Fire Suppression Systems \$
Ladders/Scaffolds \$	Safety Equipment \$	Pressurized Equipment \$
Construction/Industrial Equipment \$	Valves/Process Control \$	Pollution Control \$
Elevators/Escalators \$	Farm Machinery \$	Power Generation \$

- Machining - Tolerances (% of production)
 ____ % >= +/- .005” ____ % > +/- .001” ____ % <= +/- .001”
- Direct importing of raw materials? Describe: _____

- Rebuild/retrofit/service others’ products? Explain: _____

- Individual customers account for more than 20% of sales? Explain customer and product: _____

- Individual products account for more than 20% of sales? Explain product and use: _____

- Do others manufacture goods to be sold under your business label? Describe: _____
 _____ Product specifications determined by: your business others
- Manufacture goods which are labeled by others? Describe: _____
 _____ Product specifications determined by: your business others
- Sales of others’ products? Describe: _____
 _____ Product specifications determined by: your business others
- Risk transfers with others for products? Contractual Additional Insured Vendors
 Certificate Requirements Describe all: _____

- Legal counsel reviews all agreements?
- New products planned? Describe: _____

QUALITY CONTROLS

- Customer sign-off prior to production?
- Products comply with or exceed all government or industry standards?
- ISO Quality Standard met? Describe: _____
- Are tests performed on your products? Describe: _____
- Are test performed on other’s products? Describe: _____
- Are records kept on all products? How long? _____

- All product batches identifiable?
 - All product batches traceable?
 - Rejected products destroyed? If not, describe: _____
 - All consumer complaints investigated? _____
 - All complaint records kept?
 - Products recalled in last 10 yrs? Describe each event: _____
 - Formal program for recalls?
 - Individual assigned to handle recalls?
 - Business ever shut down by a government authority? Describe: _____
-
- Business ever fined or penalized by a government authority? Describe: _____
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AUTOMOBILE

- MVRs ordered for all employees? How frequently ordered? _____
 - Formal auto safety program? Vehicle usage monitoring devices? Describe _____
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- Transport own goods? % Transported? _____ Radius of operation? _____ miles
 - Any vehicles rented on regular basis? Describe: _____
 - Any vehicles hired with drivers? Describe: _____
 - Prescribed routes used? Vehicles self-maintained?
 - Vehicles maintained by others? Maintenance contract in place?
 - Back-hauling? Describe goods hauled: _____
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- Receipts for back-hauling: \$ _____
- Motor Carrier Filings required?

ACKNOWLEDGEMENT

As representative for the business applicant, I have read this application and truthfully completed it to the best of my knowledge. I believe all the answers I provided to be true, and recognize that the company relies on these answers to issue the insurance applied for.

_____ / /
Applicant's Signature Agent's Signature Date

APPLICABLE IN NEW YORK STATE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

_____ / /
Applicant's Signature Title Date
(Must be signed by Director or Officer of your organization.)