**MACHINE SHOP SUPPLEMENTAL APPLICATION**

(Complete in addition to the ACORD Application)

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| --- | --- |
| Applicant’s Name:    Location Address: | Agency Name:    Agent No.:  Phone No.: |

**PROPOSED EFFECTIVE DATE: From**       **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**1. Annual Payroll:** $

**2. Annual Receipts:** $

**3. Annual Subcontractors Cost:** $

**4. Types of processes performed by applicant by percentage:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Process** | **Percent** |  | **Type of Process** | **Percent** |
| Assemble parts manufactured by others | % |  | Manufacturing of parts other than to  customer specifications | % |
| Make replacement parts/repair items or equipment | % |  | Metal finishing (including electroplating, chemical coating and heat processing) | % |
| Manufactured finished parts | % |  | Welding only | % |
|  |  |  | Other (Describe): | % |
|  |  |  |

**5. Percentage of operations performed:**

In Shop:    % Off-site/Mobile:    % Offshore:    % Installation Operations:    %

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| --- |
| Describe off-site operations: |

**6. Does applicant use any warning labels on finished products?**  Yes  No

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| --- |
| If yes, explain: |

**7. Does applicant use 3D printers?**  Yes  No

**8. List below the parts/products made or worked on that are from the Machine Shop CUSTOMER’S engineered diagrams, blueprints or supplied specifications:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parts/Products made or worked on** | **Are any identifying  marks placed on  the part/product?** | **Percent of Total Receipts** | **Does applicant  assemble any of  the part/product?** |
|  |  | % | Yes  No |
|  |  | % | Yes  No |
|  |  | % | Yes  No |
|  |  | % | Yes  No |
|  |  | % | Yes  No |

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| --- |
| **If additional space is needed for answers, continue here:** |

**9. List below the parts/products made or worked on that are from the Machine Shop OWN engineered diagrams, blueprints or supplied specifications:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parts/Products made or worked on** | **Are any identifying  marks placed on  the part/product?** | **Percent of Total Receipts** | **Does applicant  assemble any of  the part/product?** |
|  |  | % | Yes  No |
|  |  | % | Yes  No |
|  |  | % | Yes  No |
|  |  | % | Yes  No |
|  |  | % | Yes  No |

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| --- |
| **If additional space is needed for answers, continue here:** |

**10. Indicate which of the applicant’s products are used in any of the following categories:**

|  |  |  |
| --- | --- | --- |
| Aircraft or aerospace | Gears | Mining |
| Athletic | Hoists | Mold makers |
| Automotive | Hydraulic | Motor vehicles |
| Construction | Industrial | Playground |
| Conveyors | Jacks | Pressure vessels |
| Dies | Jigs | Pressurized containers |
| Elevators or escalators | Ladders | Railroad |
| Farm | Logging | Safety |
| Firearms | Lumbering | Scaffolds |
| Garage lifting devices | Medical | Shafts |
| Gas or oil | Military | Other: |

|  |
| --- |
| **Provide details to all categories selected above:** |

**11. Select the ways applicant tests their products:**

Applicant’s employees  Independent test laboratory  Applicant’s customers, prior to acceptance

Government Agency  Other:

|  |
| --- |
| **12. What procedural controls are in place for customer acceptance of custom-made products?** |

**13. Does applicant perform any design or consulting services?**  Yes  No

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| --- |
| If yes, describe: |

|  |
| --- |
| **14. Describe products sold under applicant’s own label:** |

**15. Does applicant know all of the end users for all parts/products they manufacture?**  Yes  No

**16. Does applicant keep records of when each part/product was manufactured, who supplied the raw material, and to whom it was sold?**  Yes  No

If yes, how many years of reports are maintained?  less than ten (10) years  more than ten (10) years

**17. List any discontinued products which may still be in use:**

|  |  |  |
| --- | --- | --- |
| **Product Description** | **Annual Sales** | **Year  Discontinued** |
|  | $ |  |
|  | $ |  |

**18. Does applicant import any finished products or component parts?**  Yes  No

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| --- |
| If yes, explain: |

**19. Is applicant participating in the research and development of any new product or planning any new products for sale in the next twelve (12) months?**  Yes  No

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| --- |
| If yes, explain: |

**20. Does applicant have a written quality control program in place?**  Yes  No

**21. Does applicant subcontract work to others?**  Yes  No

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| --- |
| If yes, describe type of work subcontracted: |

**22. Hold-Harmless Agreements:**

Does applicant use a standard client contract, which outlines the specific responsibilities of the   
applicant?  Yes  No

Do others hold applicant harmless?  Yes  No

Does applicant agree to hold any third party harmless?  Yes  No

Does applicant assume, by contract or verbally, responsibility for any injury or damage that may   
occur?  Yes  No

**23. Does applicant have Workers’ Compensation coverage in force?**  Yes  No

Does applicant lease employees?  Yes  No

**24. Does applicant have any other business ventures for which coverage is not requested?**  Yes  No

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| --- |
| If yes, explain and advise where insured: |

**25. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**  Yes  No

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| If yes, describe: |

**26. Attach (A) Any product description; (B) Brochures; (C) Copy of applicants’ standard contract with clients;   
(D) Copies of all agreements in which the applicant has assumed liability; and (E) Separate detailed narrative descriptions as required.**

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICANT’S SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

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| --- | --- | --- |
|  | **IMPORTANT NOTICE** |  |
|  |  |
| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning  character, general reputation, personal characteristics and mode of living. Upon written request, additional information  as to the nature and scope of the report, if one is made, will be provided. | | |