



MACHINE SHOP SUPPLEMENTAL APPLICATION
 (Complete in addition to the ACORD Application)

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
Assemble parts manufactured by others	%
Make replacement parts/repair items or equipment	%
Manufactured finished parts	%

Type of Process	Percent
Manufacturing of parts other than to customer specifications	%
Metal finishing (including electroplating, chemical coating and heat processing)	%
Welding only	%
Other (Describe):	%

5. Percentage of operations performed:

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

Describe off-site operations: _____

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

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?
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No

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?
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No

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:

<input type="checkbox"/> Aircraft or aerospace	<input type="checkbox"/> Gears	<input type="checkbox"/> Mining
<input type="checkbox"/> Athletic	<input type="checkbox"/> Hoists	<input type="checkbox"/> Mold makers
<input type="checkbox"/> Automotive	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Motor vehicles
<input type="checkbox"/> Construction	<input type="checkbox"/> Industrial	<input type="checkbox"/> Playground
<input type="checkbox"/> Conveyors	<input type="checkbox"/> Jacks	<input type="checkbox"/> Pressure vessels
<input type="checkbox"/> Dies	<input type="checkbox"/> Jigs	<input type="checkbox"/> Pressurized containers
<input type="checkbox"/> Elevators or escalators	<input type="checkbox"/> Ladders	<input type="checkbox"/> Railroad
<input type="checkbox"/> Farm	<input type="checkbox"/> Logging	<input type="checkbox"/> Safety
<input type="checkbox"/> Firearms	<input type="checkbox"/> Lumbering	<input type="checkbox"/> Scaffolds
<input type="checkbox"/> Garage lifting devices	<input type="checkbox"/> Medical	<input type="checkbox"/> Shafts
<input type="checkbox"/> Gas or oil	<input type="checkbox"/> Military	<input type="checkbox"/> 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

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

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

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

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

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

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: _____

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.