

Metal Working Guard & Plastics Guard Programs Supplemental Questionnaire

Insured Name: _____

Are you a member of any Trade Associations? Yes No

If yes, what is the name of the Association(s)? _____

Website Address: _____

Do you currently carry Product Liability Coverage? Yes No

If yes, who is your Insurance Company: _____

What type(s) of activities does your firm engage in? (Total should equal 100%)

- | | |
|--|---|
| <input type="checkbox"/> Precision Machined Parts Manufacturing _____% | <input type="checkbox"/> Electroplating* _____% |
| <input type="checkbox"/> Metal Goods Manufacturing - Stamping _____% | <input type="checkbox"/> Foundry/Forging _____% |
| <input type="checkbox"/> Die Cast Manufacturing _____% | <input type="checkbox"/> Metal Treating* _____% |
| <input type="checkbox"/> Forging (Type _____) _____% | <input type="checkbox"/> Welding _____% |
| <input type="checkbox"/> Instrument Manufacturing _____% | <input type="checkbox"/> Machine Shop Jobbing _____% |
| <input type="checkbox"/> Wholesale Distributor _____% | <input type="checkbox"/> Machine Shop - Custom _____% |
| <input type="checkbox"/> Industrial Manufacturing _____% | <input type="checkbox"/> Metal Finishing* _____% |
| (Machine/Machinery Parts. Please circle one) | <input type="checkbox"/> Assembly _____% |
| <input type="checkbox"/> Pattern Manufacturing _____% | <input type="checkbox"/> Electronic Mfg _____% |
| <input type="checkbox"/> Plastic Injection Molding _____% | <input type="checkbox"/> Fabrication _____% |
| <input type="checkbox"/> Sheet Metal Manufacturing _____% | <input type="checkbox"/> Tool Manufacturing _____% |
| | <input type="checkbox"/> Other Services (please specify) _____% |

***Also complete "Metal Finishing" supplemental application**

Indicate percentage of products by industry group:

- | | |
|--|---|
| <input type="checkbox"/> Aviation _____% | <input type="checkbox"/> Pharmaceutical _____% |
| <input type="checkbox"/> Railroad _____% | <input type="checkbox"/> Medical Equipment _____% |
| <input type="checkbox"/> Computer _____% | <input type="checkbox"/> Motor Vehicles _____% |
| <input type="checkbox"/> Defense _____% | <input type="checkbox"/> Nuclear _____% |
| <input type="checkbox"/> Electronic _____% | <input type="checkbox"/> Petrochemical _____% |
| <input type="checkbox"/> Household Appliance _____% | <input type="checkbox"/> Utilities _____% |
| <input type="checkbox"/> Industrial Machinery _____% | <input type="checkbox"/> Watercraft _____% |
| <input type="checkbox"/> Agricultural Machinery _____% | <input type="checkbox"/> Other (please specify): _____% |

In what products or application will your product or components be used? _____

Do you design your own products or components? Yes No

If yes, please explain: _____

If you design products for others, does the client sign off? Yes No

Do you manufacture a product under your own label? Yes No

If yes, what is that product and describe its function? _____

Do you have a quality control process in place? Yes No

If yes, please describe: _____

Do you do any installation or repair work on your customer's premises? Yes No

If yes, what is the total amount of your annual receipts for this activity? _____

Do you check customer specifications? Yes No

Do you provide hold harmless agreements to your customers? Yes No

If yes, please describe: _____

Do you use rare or valuable metals? Yes No

If yes, please identify and describe their use: _____

What security measures are used to protect precious metals? _____

What is the maximum value of the metals on your premises at any one time? _____

Do your employees use company vehicles for personal use? Yes No

If yes, which employee/drivers and for what purpose? _____

Do your employees use their personal automobiles to conduct business on your behalf? Yes No

If yes, please describe which employee(s) and what business? _____

Do you obtain proof that the automobile is insured with a minimum limit of 300,000? Yes No

Do you have a formal equipment maintenance program? Y__ N__ If yes, please describe: _____

Is your facility's electrical system checked on at least an annual basis by a licensed electrician? Y__ N__

Do you have a Forklift Safety Program in place? Yes No N/A

I/We hereby declare that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or misstated any material facts.

Signed by: _____ Date: _____

(must be signed by Principal or Officer of Insured Applicant)