

MetalWorkingGuard® & PlasticsGuard® Programs

Supplemental Questionnaire

Insured Name: _____

FEIN: _____

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" supplement or "Foundry" supplement**

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"/> Oil / Gas | _____% |
| <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? Yes No

If yes, please describe: _____

MetalWorkingGuard® & PlasticsGuard®

Is your facility's electrical system checked on at least an annual basis by a licensed electrician? Yes No

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

SIGNATURE IS REQUIRED:

Signature of Owner, Partner, Member, Principal, or Officer Authorized to Sign as Applicant

Applicant's Printed Name: _____

Title: _____

Date: _____

FLORIDA ONLY:

Producer Name: _____ License #: _____

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DE CEIVE ANY I NSURER FILES A S TATEMENT OF C LAIM OR AN APPLICATION C ONTAINING ANY F ALSE, I NCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

MAINE ONLY:

NOTICE TO MAINE APPLICANTS: "IT I S A C RIME T O KNOW INGLY P ROVIDE F ALSE, I NCOMPLETE O R MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."