



METAL WORKS MANUFACTURING
SUPPLEMENTAL QUESTIONNAIRE

Named Insured _____

Classify Operation

<input type="checkbox"/> Bolt Nut, Rivets, Screw or Washer	<input type="checkbox"/> Metal Work – Shop decorative
<input type="checkbox"/> Casket Manufacturing	<input type="checkbox"/> Pipe or Tube Manufacturing – Metal
<input type="checkbox"/> Electrical Parts Components	<input type="checkbox"/> Sheet Metal Work (Shop only)
<input type="checkbox"/> Jewelry Manufacturing	<input type="checkbox"/> Tool Manufacturing – Accessories
<input type="checkbox"/> Lamps or Lantern Mfg - Electric	<input type="checkbox"/> Tool Manufacturing – Hand Type/unpowered
<input type="checkbox"/> Machine Shops – Tool and Die Shops	<input type="checkbox"/> Wire Drawing Manufacturing – Wire Manufacturing
<input type="checkbox"/> Metal Goods Mfg – Stamping No Signs	<input type="checkbox"/> Wire Goods Manufacturing – NOC
<input type="checkbox"/> Metal Goods Manufacturing	

Section 1 – General Information

1. Year business started? _____
2. Year of present management control? _____
3. **INELIGIBLE** – manufacturing of any of the products listed below makes them **INELIGIBLE** for coverage. This list is not all inclusive. The end product use is subject to underwriting approval.

<input type="checkbox"/> Aerosol Containers	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Playground Equipment
<input type="checkbox"/> Aircraft or Aerospace Applications	<input type="checkbox"/> Industry Machinery	<input type="checkbox"/> Pollution Control
<input type="checkbox"/> Alarm or Security Equipment	<input type="checkbox"/> Industrial Valves/Pumps	<input type="checkbox"/> Pressure Vessels
<input type="checkbox"/> Chemical Drums, Containers or Tanks	<input type="checkbox"/> Jacks or Lifting Devices	<input type="checkbox"/> Pressurized Containers
<input type="checkbox"/> Construction Machinery	<input type="checkbox"/> Joints	<input type="checkbox"/> Railroad Equipment
<input type="checkbox"/> Conveyors	<input type="checkbox"/> Ladders or Scaffolds	<input type="checkbox"/> Safety Equipment
<input type="checkbox"/> Electric Power Generation	<input type="checkbox"/> Machinery Rebuilding	<input type="checkbox"/> Shafts
<input type="checkbox"/> Elevators or Escalators	<input type="checkbox"/> Medical Equipment	<input type="checkbox"/> Structural/Load Bearing
<input type="checkbox"/> Farm Machinery	<input type="checkbox"/> Military Application	<input type="checkbox"/> Building Components
<input type="checkbox"/> Firearms	<input type="checkbox"/> Mining Machinery	<input type="checkbox"/> Watercraft Equipment
<input type="checkbox"/> Fire Suppression Systems	<input type="checkbox"/> Critical Motor Vehicle Components	<input type="checkbox"/> Welding Rods
<input type="checkbox"/> Gas or Oil Components	<input type="checkbox"/> Personal Flotation	
<input type="checkbox"/> Hoists		

4. Is work performed on exterior doors?
If YES, explain: _____
5. Is work performed on gears?
If YES, explain: _____
6. Is work performed on motor vehicles?
If YES, explain: _____
4. Types of processes performed by the applicant by percentage:
Assemble part manufactured by others: _____ %
Make replacement parts/repair items or equipment: _____ %



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Manufactured finished parts/products: _____ %

Manufacture parts to customer's specifications: _____ %

Other: _____ %

Describe Other

5. Does the applicant manufacture critical parts? Yes No
If Yes, explain the critical part(s):
6. Does the applicant manufacture component parts? Yes No
7. Are any products serviced, repaired, rebuilt or relabeled which were not manufactured by the applicant? Yes No
8. Does the applicant have a showroom? Yes No
9. Does the applicant have retail sales on premises?
If yes, what are the annual gross receipts generated from this operation?
10. Are any products sold under the applicant's label or trademark? Yes No
11. Are you a member of a local, state or national association?
If yes, please list the associations to which you belong:
12. Have you merged with or acquired any companies in the last three years?
If yes, provide details and advise how past liabilities were handled in the acquisition: Yes No

Section 2 – Property

1. Does the applicant have their own maintenance/janitorial staff? Yes No
2. Is smoking confined to designated areas and strictly enforced? Yes No
3. Is applicant compliant with NFPA 70 National Electrical Code Standards? Yes No
4. Are surge protectors and proper grounding used on all electrical equipment? Yes No
5. Is premises equipped with fire extinguishers and are they serviced annually? Yes No
6. Does the applicant do any:

Heat treating Electroplating Welding operations

If checked, please describe:

7. Does the applicant use forges? Yes No
If yes, are forges separated from production and welding operations? Yes No
8. Does the applicant have a routine schedule for thorough inspection and maintenance of all boilers and machinery? Yes No

If yes, who does the applicant use to service and inspect the equipment using a Written Service Contract?

Own Trained staff Licensed Contractor Other

If other, explain

9. Are high-flash- point cutting oils used? Yes No
10. Is the machinery equipped with oil spray guards? Yes No
11. How frequently are waste oils, degreasers and solvents removed from premises? _____
12. Does the applicant do any spray application of paint or other finishes on premises?
If yes, does the applicant perform this operation in UL Approved spray booths? Yes No



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13. Is the applicant in compliance with NFPA 430 regarding the proper storage of liquid and solid oxidizing materials? Yes No N/A

Section 3 – Premises/Operations:

1. Do visitors (outside reps) have access to production and/or shop areas? Yes No
If yes, are visitors required to wear safety equipment (steel toe shoes, safety glasses)? Yes No

2. Does the plant have a safety video for visitors to watch prior to entering the manufacturing floor? Yes No

3. What type of housekeeping program is in place?
 Formal Written Informal As Needed

4. Does the applicant subcontract work to others? Yes No
If yes, please describe:

5. If subcontractors are used, does the applicant use a written contracts with all subcontractors that requires the subcontractor to name the applicant as an additional insured and include hold harmless language in favor of the applicant? Yes No

6. How does the applicant handle any hazardous waste that is produced?

7. Is the applicant in compliance with EPA regulations? Yes No

Section 4 – Products/Completed Operations:

1. Are written quality control and testing procedures in place and followed? Yes No

2. Does applicant ever design any products? Yes No

3. Does applicant require customer sign off on all designs before any work begins? Yes No

4. Does the applicant have a printed product safety program? Yes No
If yes, attach a copy.

5. Do the applicant's records indicate the following:
When each part/product was manufactured? Yes No
To whom each part/product was sold to including date? Yes No

6. Has the applicant ever had to recall any of their products? Yes No
If yes, what product and what was the cause?

7. Does the applicant use third party testing? Yes No
If yes, indicate who:

8. Does the applicant use third party products? Yes No
If yes, describe product/s used

9. Does the applicant hold any certifications related to operations? Yes No
List:

10. Does the applicant test every product after each stage of development, document the results and label the product? Yes No

11. Are any products sold or components used by the applicant manufactured by Foreign Manufacturers? Yes No
If yes, please provide details with percent of cost of goods sold:



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Cost of goods sold \$

If yes, please advise is the Foreign Manufacturer has a US presence or not.

Yes No

12. Are components used UL Listed?

Yes No

13. Are batch / product records, serial numbers or copies of guarantee
/ warranties maintained to trace products?

Yes No

If yes, please provide details including how long records are maintained:

14. Are products identified to ensure traceability to date and place manufactured?

Yes No

15. Are the raw materials traceable to the original source?

Yes No

16. Is the finished product inspected prior to being shipped?

Yes No

17. Are departments such as chemical storage, painting and finishing,
welding and warehouses, located in separate fire divisions?

Yes No

Section 5 – Automobile

1. How does applicant ship or deliver their goods? Own Fleet Contract/Common Carrier

2. Does the applicant have a sales force that uses their own automobiles in the
business of the applicant? Yes No

If yes, does the applicant require minimum liability limits on the salesperson's
personal auto policy and obtain Certificates of Insurance annually from those individuals? Yes No

MACHINE SHOP

Description of operation:

1. Does the applicant specialize in a specific machining process? Yes No

If yes, please describe.

2. Does the applicant require customer sign off on all designs before work begins? Yes No

3. Do others manufacture, assemble, package, or install products under
the insureds names or label (including any foreign made products)? Yes No

If yes, please describe

4. Does the applicant have a formalized product recall program? Yes No

5. Are batch/product records, serial numbers or copies of guarantee warranties
maintained to trace products? Yes No

If yes, please provide details including how long records are maintained.

6. Are accurate reports kept on all phases for the expected life of the product for:

Engineering Yes No Quality Control Yes No

Production Yes No Field Service Yes No