



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"/> Aircraft or Aerospace Applications	<input type="checkbox"/> Industry Machinery	<input type="checkbox"/> Playground Equipment
<input type="checkbox"/> Alarm or Security Equipment	<input type="checkbox"/> Industrial Valves/Pumps	<input type="checkbox"/> Pollution Control
<input type="checkbox"/> Chemical Drums, Containers or Tanks	<input type="checkbox"/> Jacks or Lifting Devices	<input type="checkbox"/> Pressure Vessels
<input type="checkbox"/> Construction Machinery	<input type="checkbox"/> Joints	<input type="checkbox"/> Pressurized Containers
<input type="checkbox"/> Conveyors	<input type="checkbox"/> Ladders or Scaffolds	<input type="checkbox"/> Railroad Equipment
<input type="checkbox"/> Electric Power Generation	<input type="checkbox"/> Machinery Rebuilding	<input type="checkbox"/> Safety Equipment
<input type="checkbox"/> Elevators or Escalators	<input type="checkbox"/> Medical Equipment	<input type="checkbox"/> Shafts
<input type="checkbox"/> Farm Machinery	<input type="checkbox"/> Military Application	<input type="checkbox"/> Structural/Load Bearing
<input type="checkbox"/> Firearms	<input type="checkbox"/> Mining Machinery	Building Components
<input type="checkbox"/> Fire Suppression Systems	<input type="checkbox"/> Critical Motor Vehicle	<input type="checkbox"/> Watercraft Equipment
<input type="checkbox"/> Gas or Oil Components	Components	<input type="checkbox"/> Welding Rods
<input type="checkbox"/> Hoists	<input type="checkbox"/> Personal Flotation	
4. Is work performed on exterior doors? ☐ Yes ☐ No
If YES, explain: _____
5. Is work performed on gears? ☐ Yes ☐ No
If YES, explain: _____
6. Is work performed on motor vehicles? ☐ Yes ☐ No
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? ☐ Yes ☐ No
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? ☐ Yes ☐ No
If yes, please list the associations to which you belong: _____
5. Have you merged with or acquired any companies in the last three years? ☐ Yes ☐ No
If yes, provide details and advise how past liabilities were handled in the acquisition: _____

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? ☐ Yes ☐ No
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