

Manufacturing Supplemental Application

This application must be submitted with a standard Business owner's application for any manufacturing exposures. Also include any product brochures the insured my use.

General Information

1. Describe the insured's business operations, including the types of products produced over the last 5 years.

2. Estimate for current year sales: \$ _____
3. Are there any flammables, including solvents, used on premises? Yes No If yes, list: _____
4. Does the insured do any specifications or product design? Yes No If yes, please provide details: _____
5. Does the insured do any installation, repair or maintenance? Yes No If so, what percentage of Sales does it represent? _____
6. Does the insured use special machinery that is difficult to repair or replace? Yes No
7. Do operations involve work with: Magnesium Titanium Uranium Thorium Zirconium
8. Do operations involve: Spray-painting Electroplating?
9. Are any precious metals or alloys used by insured? Yes No If so, how much is on premises? \$ _____
10. Does the insured directly import any products? Yes No If so, describe them: _____
11. Has insured been self-insured previously for products/completed operations? Yes No
12. What is the final product(s) and for use in what industry? _____
13. Has the insured ever manufactured component parts for any of the ineligible products listed below?

<input type="checkbox"/> Aircraft/Aerospace Parts	<input type="checkbox"/> Critical Auto/Watercraft Parts	<input type="checkbox"/> Medical Equipment
<input type="checkbox"/> Structural Parts	<input type="checkbox"/> Military Equipment	
14. Has the insured ever manufactured finished products in any of the below listed categories?

<input type="checkbox"/> Athletic Equipment	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Foam Plastics
<input type="checkbox"/> Insulation	<input type="checkbox"/> Infant Products	<input type="checkbox"/> Combustible Filler
<input type="checkbox"/> Alarm Equipment	<input type="checkbox"/> Storage Tanks	<input type="checkbox"/> Thermoforming/Urethane
<input type="checkbox"/> Pressure Vessels	<input type="checkbox"/> Cosmetics	<input type="checkbox"/> Machine Guards/Safety Products
<input type="checkbox"/> Casting Operations	<input type="checkbox"/> Pipes	<input type="checkbox"/> Smelting or Refining Operations
15. For Equipment Breakdown Coverage: Prior EB Carrier _____
 EB Loss Experience _____
 Business Interruption Limit \$ _____
 If an increased Expediting Expenses limit is desired, indicate requested limit \$ _____