

**Metal & Plastics Insurance Program  
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%)

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

\*Also complete "Metal Finishing" supplement or "Foundry" supplement Indicate percentage of products by industry group:

Aviation	_____%	Pharmaceutical	_____%
Railroad	_____%	Medical Equipment	_____%
Computer	_____%	Motor Vehicles	_____%
Defense	_____%	Nuclear	_____%
Electronic	_____%	Petrochemical	_____%
Household Appliance	_____%	Utilities	_____%
Industrial Machinery	_____%	Watercraft	_____%
Agricultural Machinery	_____%	Oil / Gas	_____%
Other (please specify):	_____%		

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

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Do you design your own products or components?  Yes  No

If yes, please explain and include lead time on obtaining new dies, casts, etc. used in the manufacturing process (if applicable) : \_\_\_\_\_

Do you import component parts or components?  Yes  No

If yes, please explain risk transfer protocol: \_\_\_\_\_

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:

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

If yes, please describe: \_\_\_\_\_

Do you have a product recall program?  Yes  No

If no, please explain, how do you handle defected products: \_\_\_\_\_

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Please list all ISO or similar quality certifications:

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Describe how you test your products. Please select from the following:

- Designated QC personnel
  - Independent test laboratory
  - Applicant's customer
  - Government agency
  - Other please describe:
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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?

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Do you check customer specifications?  Yes  No

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

If yes, please describe:

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Do you use rare or valuable metals?  Yes  No

If yes, please identify and describe their use:

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What security measures are used to protect precious metals?

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

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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: \_\_\_\_\_

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

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<b>Safety Precaution</b>	Yes	No	If no, please provide details:
Continuous housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguisher annually Tagged	<input type="checkbox"/>	<input type="checkbox"/>	
Fire watch maintained during and after hot works in accordance with OSHA standards	<input type="checkbox"/>	<input type="checkbox"/>	
Electrically powered equipment properly grounded with routine maintenance and inspection	<input type="checkbox"/>	<input type="checkbox"/>	
Cutting activities isolated from other operations	<input type="checkbox"/>	<input type="checkbox"/>	
Welding operations separated from spray painting booths	<input type="checkbox"/>	<input type="checkbox"/>	
Walls in welding areas are non-combustible	<input type="checkbox"/>	<input type="checkbox"/>	
Formal/written Hot Work Permit program in places outside of designated areas of the facility	<input type="checkbox"/>	<input type="checkbox"/>	
Cylinders are chained or secured	<input type="checkbox"/>	<input type="checkbox"/>	
Surge protection on all equipment including Circuit boards in CNC equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Flammable/combustible liquids are stored in and dispensed in NFPA or UL approved storage room or containers	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Combustible Dust</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Dust Collection System	<input type="checkbox"/>	<input type="checkbox"/>	
Regular housekeeping or cleaning	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Hydraulic Pressure System</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Heat detectors are tied to the shut off of the hydraulic units	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a central emergency stop?	<input type="checkbox"/>	<input type="checkbox"/>	
Employees properly trained on the use of E-stop buttons	<input type="checkbox"/>	<input type="checkbox"/>	
Does the insured use FM approved hydraulic fluid?	<input type="checkbox"/>	<input type="checkbox"/>	
Are hydraulic lines and fittings routinely inspected and serviced for leaks and loss of tightness?	<input type="checkbox"/>	<input type="checkbox"/>	

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**SIGNATURE IS REQUIRED:**

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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, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

**MAINE ONLY:** NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."