

Manufacturing

Supplemental Application

Named Insured: _____

Agent Name and Phone: _____ Effective Date: _____

1. Is there an automatic sprinkler system? Yes (if yes please answer questions (a)-(h)) No (if no please skip to question 2.)
- (a) If yes, _____ % of the building is sprinklered?
- (b) If less than 100% of the building is sprinklered, what portion is sprinklered? _____
- (c) Age of sprinkler system: _____
- (d) Type of sprinkler system Wet Dry Other (Describe) _____
- (e) Was sprinkler installed for present occupancy? Unknown Yes No
- (f) Name of company contracted to perform sprinkler system inspection, testing and maintenance. _____

- (g) How often is the sprinkler system maintenance and inspection performed?
 Monthly Quarterly Semi Annually Annually
- (h) Are sprinkler alarms installed? Yes No
- If yes Water Flow Valve Closure

2. What types of alarms protect the premises? (check all applicable)
- Local Smoke Detection
- Central Station (constantly monitored) Heat Detection
- Burglar Motion Detection
- Other (Describe) _____

3. How is dust controlled in dust producing operations? (Check all that apply)
- Dust Collection System General Housekeeping Non-Dust Producing Operation

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

5. Do you use flammable liquids, or other materials that require special storage practices? Yes No
- (a) Quantities stored on Premises _____
- (b) How are they stored?
 UL Listed Storage Cabinet A Separate Storage Room Designed for Flammable Liquids No Special Storage Requirements Apply Other, please describe: _____

6. For storage of raw materials, finished stock, and packaging materials:
- (a) Give total square feet for storage _____ square feet
- (b) Does the height of storage exceed 12 feet? If yes, please describe: _____ Yes No
- (c) If the storage exceeds 12 feet, are the storage racks equipped with in-rack sprinklers? Yes No
- (d) Are the shelving racks: Solid Open

7. Do you have spray booths or dip tanks? If yes, please describe the protection: _____ Yes No

8. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards? N/A Yes No

9. What type of business continuance plan is in place? Formal Informal No Plan is Needed

10. Are Certificates of Insurance obtained from major/critical suppliers, contractors, or subcontractors? Yes No

11. If you do not design your product, do you require certificates evidencing design or architects and engineers errors & omissions insurance? Yes No

12. Is Vendors coverage obtained from major/critical suppliers (finished product manufactured by others)? Yes No

13. Does your company perform any delivery, installation, service or repair of products? If N/A Yes No
 yes, please describe: _____

14. Does your company: (Check all that apply)
 Design it's Own Products Manufacture to Customer Specs
 Design for Others Consult Customers on Products Design
 Require sign off on Design work for others

15. Do you directly import any products including component parts? If yes, please explain: Yes No

16. Are you participating in the research and development of any new product or planning any new products for sale in the next 12 months? If yes, please explain: Yes No

17. Has any product been self-insured, uninsured, or excluded from any previous coverage? If yes, please explain: Yes No

18. Do you ever service, repair, or rebuild products which you did not manufacture? Yes No

19. Do others manufacture, assemble, package, or install products under your name or label (including any foreign-made products)? If yes, please explain: Yes No

20. Do you manufacture, assemble, package, or install products for others under your name or label? Yes No

21. Have you discontinued or are you considering discontinuing any products(s)? If yes: Yes No
 (a) Did the discontinued products meet the industry standards that were in effect at the time of manufacture? Yes No

(b) Please describe product(s) and list reason(s) for discontinuance?

Product(s)	Reason(s)

22. Do you have a specific program to withdraw known or suspected defective products from the market? Yes No

23. Have any of your products been subject to a voluntary recall? If yes, please explain: Yes No

24. Are written quality control records and testing procedures followed? Yes No

- (a) How long are quality control and testing records kept? _____ Yes No
- (b) Are you required to file the test results with any regulatory body? Yes No
- (c) Are records kept of when each product was manufactured? Yes No
- (d) Do you keep records of the date each product was sold and to whom? Yes No
- (e) Are raw materials or component parts which go into your products recorded? Yes No
- (f) Are changes in designs, advertisements and sale brochures recorded? Yes No

25. Are any quality control checks being performed on your products by your end customers? Yes No

26. Can you distinguish your product from those of competitors? If yes, how: Yes No

27. Are all instructions, operating manuals, advertisements and warranties periodically reviewed by legal counsel? Yes No

28. Do you have a website? Yes No

If yes, please provide URL: _____

(a) Percentage of sales from the internet or e-commerce? _____ %

29. Please provide the following information regarding all products manufactured:

Product Manufactured	Application	Annual Number of Units	Annual Sales

Additional Comments: