

# Metalworkers' Supplemental Insurance Application

**Submission Requirements: Please check all that have been included:**

- Completed & Signed ACORD applications
- Five years currently valued loss runs
- Business Income Worksheet
- Statement of Values **REQUIRED FOR BLANKETED;**
- MVRs **REQUIRED FOR AUTO LIABILITY;**
- Brochures; Web Site: \_\_\_\_\_
- Building Valuation Report
- Experience Mod. Worksheet **REQUIRED FOR WORKERS COMPENSATION**

I. General Information			
Named Insured		Phone	
Company Contact		Phone	
Street Address	P.O. Box	County	
City	State	ZIP Code	Coverage effective dates: From _____ to _____
Location Name and Address			
Additional subsidiaries & descriptions, if any			
Number of years in business	Member of NTMA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Chapter	
Annual Gross Sales: \$ _____ Number of Employees: _____			
Is he general public allowed on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is Work Product sold to: <input type="checkbox"/> commercial customers or <input type="checkbox"/> general public			
Is Work Product sold: <input type="checkbox"/> within US/Canada, <input type="checkbox"/> outside US/Canada, or <input type="checkbox"/> both			
Is Final End Product Sold to: <input type="checkbox"/> commercial customers, <input type="checkbox"/> general public, or <input type="checkbox"/> Unknown			
Has the insured purchase any operations in the past ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the insured have any discontinued products they sold? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the insured have any discontinued operations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the insured received any OSHA violations in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the insured have any open citations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, how are they addressing the recommendation? _____			
Has the Insured had any Property or Liability Claims in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>II. Underwriting Information</b>			
<b>Description of Operations</b>	<b>% of Total</b>	<b>Description of Products by Industry</b>	<b>% of Total</b>
Precision Parts Machining - CNC		Department of Defense Work	
Pattern/Mold Manufacturing		Industrial Machinery	
Stamping		Computer or High Technology	
Sheet Metal (shearing, braking)		Tool Manufacturing	
Plastic Injection Manufacturing		Instrument Manufacturing	
Turning - Lathe		Aerospace (spacecraft/satellite)	
Grinding		Aviation (airplane/jets/helicopters)	
Welding		Motor Vehicle/Watercraft Related	
Assembly		Medical: Non Vital/Non invasive	
Metal Heat Treating		Medical: Surgical/Invasive Related	
Finishing (Plating/Anodizing/Oth)		Petrochemical/Utilities/Nuclear	
Forging/Drawing		Agricultural Machinery	
Spraying/Coating/Painting		Electronics	
Foundry or Die Cast Mfg.		Household	
Other (Describe Below)		Other (Describe Below)	
<b>TOTAL % (must equal 100%)</b>	<b>100%</b>	<b>TOTAL % (must equal 100%)</b>	<b>100%</b>

<b>Metals Used in Operations</b>	<b>% of Total</b>
Aluminum	
Magnesium	
Titanium	
Zirconium	
Bismuth	
Cadmium	
Tungsten	
Beryllium	
Lithium	
Other Ferrous (Mild, Carbon, Cast and Wrought)	
Other Non Ferrous	
Plastics	
Other	
<b>TOTAL % (must equal 100%)</b>	<b>100%</b>

**List Top Three(3) Customers:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is Insured a Job Shop (products designed by others)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Design assist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does customer signoff on adjustments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What percentage of operations is to the specifications of the customer?	_____ %	

Component Parts only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any assembly included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any Work Subcontracted Out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are Certificates of Insurance Obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List operation(s):	_____	
<hr/>		
Does Insured design & market completed products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Under private label	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List completed product(s)	_____	
Is the Line Card/Equipment List available on the company's Website?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide a line card with the submission or complete below:		
_____ Vert/Hor CNC Machine Centers	_____ EDM Machines	_____ FMS
_____ Swiss PNC	_____ Water Jet Cutting	_____ Laser or Plasma Cutters
_____ Grinders	_____ Lathes	_____ Presses
_____ Forklifts		

**III. Loss Control**

Does the insured maintain premises adequately?

Inside	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Outside	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is the insured's electrical to code?  Yes  No

Are insured's premises fenced, or access to the location limited?  Yes  No

Does insured back up all software, including computer operated machines, on a regular basis?  Yes  No

    If so how often? \_\_\_\_\_

Does the insured have a vehicle maintenance program?  Yes  No

    Number of Vehicles: \_\_\_\_\_

Check all that apply to the Insured's Employee Safety Program

<input type="checkbox"/> Back to Work Program	<input type="checkbox"/> Regular Safety Meetings	<input type="checkbox"/> Safety Committee/Officer
<input type="checkbox"/> Materials Handling Procedures	<input type="checkbox"/> Lock Out/Tag Out	<input type="checkbox"/> Mandatory Personal Protective Equipment
<input type="checkbox"/> Accident Investigation Safety	<input type="checkbox"/> Supervisor Training Material	<input type="checkbox"/> New Hire Training
<input type="checkbox"/> Proactive Management		

Is All Work Inspected/Quality Controlled?  Yes  No

    Is There a Formalized Rejection and Tracking Process?  Yes  No

#### IV. Exposures

Was this building originally designed and constructed for Manufacturing?  Yes  No

If no, what was the original building occupancy? \_\_\_\_\_

If applicable, what year was the building retrofitted for use as a mfg. facility? \_\_\_\_\_

When was this building's electric, heating or plumbing system last inspected or updated?

	Electric	Heating	Plumbing
Qualified Inspection			
Replaced or Update			

Is there an Automatic Fire Sprinkler System installed in all buildings?  Yes  No

% of bldg \_\_\_\_\_ %

How often is the sprinkler system tested? \_\_\_\_\_

Date of last test? \_\_\_\_\_

Is there an auxiliary electrical supply system?  Yes  No

Is there an emergency lighting system?  Yes  No

Is there a Central Station Burglar Alarm System  Yes  No

Is there a Central Station Fire Alarm System  Yes  No

Property/Building Schematic attached:  Yes  No

Cutting Oils:  Petroleum Based  Water Based  Both  Not Applicable

Use of Flammables / Chemicals / Solvents?  Yes  No

Separate UL approved storage  Yes  No

#### V. Current Coverage

Current insurance coverage:

Carrier	# Years	Coverage	Premium	Effective Dates
		Property		
		General Liability		
		Workers Comp		
		Umbrella		
		Aircraft Products		
		Medical Benefits		

#### VI. Financial Information

Sales, Payroll & Vehicle history for the past five years:

Year	Sales	Payroll	# of Vehicles
Current Year			
First Prior Year			
Second Prior Year			
Third Prior Year			
Fourth Prior Year			
Fifth Prior Year			

Comments / Description of Operations:

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Submitted by

\_\_\_\_\_  
Submission Date