

Agent Name:
Agent Address:

Contact:
Phone #

Foundries Or Metal Fabrication Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period ____ to ____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

1. What are the age, type, and condition of the applicant's buildings?

2. Describe the electrical wiring - age; type; condition:

Is it adequate for demand? Yes No

Is it in compliance with NFPA 70, National Electrical Code?..... Yes No

3. Describe the process equipment - age; type; condition:

4. What is the level of housekeeping on the premises?

Poor Fair Average Excellent

Is flammable rubbish stored in a bin away from ignition sources?..... Yes No

Has the applicant placed dike-type restraining barriers wherever molten metal is being handled? Yes No

5. Describe the fire detection and suppression system - age; type; condition:

6. Are "No Smoking" signs posted wherever flammable or combustible liquids are stored? Yes No

7. Do you have annually tagged, Class ABC fire extinguishers located throughout facility? Yes No

UNDERWRITING INFORMATION (Continued)

8. What is the average and maximum value exposed to loss?

Average _____ Maximum _____

9. What measures has the applicant taken to prevent molten metal from contacting liquids?

10. What types and amounts of flammable substances are stored on the premises?

Is applicant in compliance with NFPA 30, Flammable and Combustible Liquids Code? Yes No

11. Does the applicant manufacture castings that contain magnesium?..... Yes No

12. What is the applicant's smoking policy? _____

13. Does the applicant require any specialized fire-fighting equipment, such as Class D fire extinguishers (used on magnesium dust fires)? Yes No

If yes, describe: _____

14. Are employees trained in the proper use of fire extinguishers? Yes No

15. How close is the nearest fire department? _____

Has the applicant participated in any pre-fire planning? Yes No

16. Is the local fire department informed of any unusual fire hazards associated with foundry work? Yes No

17. Does the applicant maintain his or her own fire brigade? Yes No

What is the training and experience of its members? _____

18. Does the applicant make lead castings?..... Yes No

19. Does applicant dispose of any lead by a hazardous waste site mitigation contractor?..... Yes No

20. Is wastewater treated on the premises?..... Yes No

If no, is an outside contractor used? Yes No

21. Is the toxicity level of treated wastewater tested before it is returned to its source? Yes No

22. Has the applicant ever been cited by the EPA for violating wastewater regulations? Yes No

List the types and amounts of resins, binding agents, and chemicals used in applicant's founding process:

What measures does the applicant take to dispose of these materials properly?

23. Is the Atmospheric Sampling Equipment serviced and inspected at least annually? Yes No

24. Does the applicant measure the amount of air pollution produced at the foundry?..... Yes No

UNDERWRITING INFORMATION (Continued)

25. Is the applicant in compliance with state and federal regulations concerning air pollution? Yes No

26. What security measures does the applicant take to protect raw and finished products?

27. What is the average and maximum amount of petty cash on hand daily?

Average \$ _____ Maximum \$ _____

28. Is it stored in a fire-resistant, NRTL-listed safe?..... Yes No

Who has access to applicant's safe? _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

_____ Producer's Signature	_____ Date	_____ Applicant's Signature	_____ Date
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IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.