

Engineered Risk Machinists & Fabricators Supplement**General Information****Named Insured (If more than one, list separately and state their interest)**

Address:

Are you a subsidiary of another entity?

 If yes, provide details

Check the description(s) below that best describe your operations:

<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Machine Shop	<input type="checkbox"/> Contractor Services
<input type="checkbox"/> Distributor	<input type="checkbox"/> Metalworker	<input type="checkbox"/> Welder
<input type="checkbox"/> Repair/Refurbish Equipment	<input type="checkbox"/> Other	

Do you have a Website? URL: ☐ YES ☐ NO**Date business established**

 Corp: ☐ **Partnership:** ☐ **Sole Prop:** ☐ **Other:** ☐**Estimated Upcoming Sales:**

 Sales of Past 12 months:

Estimated upcoming Payroll:

 Payroll of Past 12 months:

Sublet work:

State Limit of Liability you require Subcontractors to carry:

Do you require them to add you as an Additional Insured on their Insurance policy? ☐ Yes ☐ No**Do you carry Workers Comp coverage?** ☐ **Cov B Limit**

 Carrier:

Cont'd

II Quality Control

Do you warrant your product against defect or faulty design ? _____ Length of warranty: _____

Have you ever been fined by OSHA or MSHA in the past 5 yrs? _____ If so, provide details _____

Please attach any of the following that apply::

_____ Purchase Order _____ Sales Agreement _____ Marketing Materials _____ Change Order

7. DESIGN, QUALITY CONTROL, RECORDKEEPING, WARNINGS & CLAIM DEFENSE		YES	NO
A)	WHO DESIGNS YOUR PRODUCTS? _____		
B)	DO YOU REQUIRE CERTIFICATES EVIDENCING DESIGN OR ARCHITECTS AND ENGINEERS ERRORS AND OMISSIONS INSURANCE?	<input type="checkbox"/>	<input type="checkbox"/>
C)	ARE YOUR PRODUCTS DESIGNED, TESTED, LABELED AND MANUFACTURED TO MEET OR EXCEED ALL APPLICABLE GOVERNMENT AND INDUSTRY STANDARDS?	<input type="checkbox"/>	<input type="checkbox"/>
D)	WHAT GOVERNMENT/INDUSTRY STANDARDS MUST YOUR PRODUCTS MEET (I.E. OSHA, UL, ANSI, ASME)? IDENTIFY TOP 3 STANDARDS (INCL. STANDARD NUMBERS). 1) _____ 2) _____ 3) _____		
E)	ARE DESIGNS REVIEWED, TESTED AND VERIFIED BY OTHERS OUTSIDE OF THE COMPANY?	<input type="checkbox"/>	<input type="checkbox"/>
F)	DO YOU HAVE A QUALITY CONTROL PROGRAM?	<input type="checkbox"/>	<input type="checkbox"/>
G)	IF YOU HAVE A QUALITY CONTROL PROGRAM, IS IT WRITTEN?	<input type="checkbox"/>	<input type="checkbox"/>
H)	WHICH OF THE FOLLOWING ELEMENTS DOES YOUR QUALITY CONTROL PROGRAM INCLUDE:		
	1) WRITTEN SPECIFICATIONS/REQUIREMENTS FOR SUPPLIERS OF RAW MATERIALS AND/OR COMPONENTS?	<input type="checkbox"/>	<input type="checkbox"/>
	2) TESTS OF MATERIALS AND COMPONENTS RECEIVED FROM SUPPLIERS TO DETERMINE CONFORMANCE?	<input type="checkbox"/>	<input type="checkbox"/>
	3) ARE PRODUCTS TESTED AT VARIOUS STAGES TO VERIFY CONFORMANCE WITH WRITTEN STANDARDS?	<input type="checkbox"/>	<input type="checkbox"/>
	4) ARE FINISHED PRODUCTS TESTED TO VERIFY THEY MEET PERFORMANCE REQUIREMENTS?	<input type="checkbox"/>	<input type="checkbox"/>
	5) DO YOU RETAIN YOUR RECORDS OF TEST RESULTS?	<input type="checkbox"/>	<input type="checkbox"/>
	6) HOW LONG DO YOU RETAIN YOUR RECORDS? _____		
I)	DO YOUR RECORDS INDICATE WHEN EACH PRODUCT WAS MANUFACTURED?	<input type="checkbox"/>	<input type="checkbox"/>
J)	DO YOUR RECORDS SHOW TO WHOM AND THE DATE EACH PRODUCT WAS SOLD?	<input type="checkbox"/>	<input type="checkbox"/>
K)	DO YOUR RECORDS SHOW WHO SUPPLIED THE COMPONENT PARTS GOING INTO YOUR PRODUCTS?	<input type="checkbox"/>	<input type="checkbox"/>
L)	DO YOU REQUIRE CERTIFICATES FROM YOUR SUPPLIERS EVIDENCING PRODUCTS LIABILITY INSURANCE?	<input type="checkbox"/>	<input type="checkbox"/>
M)	ARE YOU ISO 9000 (9001, 9002, 9004) AND/OR QS9000 REGISTERED? IF YES, WHO IS THE REGISTRAR (I.E. TUV)?	<input type="checkbox"/>	<input type="checkbox"/>
N)	DO YOU EVER DRAW PLANS, DESIGNS OR SPECIFICATIONS FOR ANY PRODUCTS(S) FOR OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>
	IF YES, DO YOU CARRY DESIGN OR ARCHITECTS AND ENGINEERS ERRORS AND OMISSIONS INSURANCE?	<input type="checkbox"/>	<input type="checkbox"/>
O)	DOES LEGAL COUNSEL PERIODICALLY REVIEW ALL INSTRUCTIONS, OPERATING MANUALS, ADVERTISEMENTS AND WARRANTIES TO AVOID MISUNDERSTANDINGS RELATIVE TO PRODUCT SAFETY OR INTENDED USE?	<input type="checkbox"/>	<input type="checkbox"/>
	HOW OFTEN? _____		
P)	DO YOU MAINTAIN RECORDS OF CHANGES IN DESIGNS, ADVERTISEMENTS AND SALES BROCHURES?	<input type="checkbox"/>	<input type="checkbox"/>
Q)	DO YOU HAVE A SPECIFIC PROGRAM TO WITHDRAW KNOWN OR SUSPECTED DEFECTIVE PRODUCTS FROM THE MARKET?	<input type="checkbox"/>	<input type="checkbox"/>
R)	HAVE YOU EVER RECALLED (EITHER VOLUNTARILY OR INVOLUNTARILY) OR ARE YOU CONSIDERING RECALLING ANY KNOWN OR SUSPECTED DEFECTIVE PRODUCTS FROM THE MARKET?	<input type="checkbox"/>	<input type="checkbox"/>
	IF YES, PLEASE FURNISH DETAILS: _____		
S)	DO YOU FURNISH ANY GUARANTEES, WARRANTIES, OR HOLD HARMLESS AGREEMENTS?	<input type="checkbox"/>	<input type="checkbox"/>
	IF YES, PLEASE FURNISH DETAILS: _____		

T) LIST YOUR MEMBERSHIPS IN ANY INDUSTRY PRODUCT-STANDARD ORGANIZATIONS

1)

2)

3)

4)

NOTICE TO KENTUCKY, NEW YORK AND OHIO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND IN NEW YORK PUNISHABLE BY A FINE OF UP TO \$5,000.

Applicant warrants and agrees that the above answers and all attachments are in all respects true and shall be deemed material and are made to induce the Company to issue a policy, that the Company will rely on the same when issuing a policy, and that all pertinent information has been fully disclosed. The applicant understands that submission of this information creates no obligation on the part of the Company to provide insurance either on the basis requested or on any other basis.

DATE COMPLETED

PRINT NAME

SIGNED BY

TITLE