



**GENERAL LIABILITY**  
**MACHINE SHOP SUPPLEMENTAL**

Applicant Name: \_\_\_\_\_ DBA: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Location Address: \_\_\_\_\_  
 Website: \_\_\_\_\_ Broker/Agency: \_\_\_\_\_

**General Information:**

1. Please list all products and attach a brochure for each product, if available.

Name of Product	End use

2. If available please provide a current job listing. Explain: \_\_\_\_\_

3. Does applicant do any work for aerospace, automotive, oil field, military, athletic equipment, or medical industries?  Yes  No  
 If yes, please explain: \_\_\_\_\_

4. Does applicant do any work on drive trains or moving parts, i.e., shafts, gears, joints?  Yes  No  
 If yes, please explain: \_\_\_\_\_

5. Does applicant do any repair of farm machinery or construction equipment?  Yes  No  
 If yes, please explain: \_\_\_\_\_

6. Does applicant perform work only to customer specifications?  Yes  No  
 Is there a hold harmless agreement in applicant's favor?  Yes  No

7. Is applicant involved in any design work?  Yes  No  
 If yes, describe all areas that the general public is permitted: \_\_\_\_\_

8. Does the applicant do any installation?  Yes  No

9. Does the applicant have a written quality control program in place?  Yes  No  
 Who does the testing?  Applicant  Customer  Independent Laboratory

10. Does the insured specialize in a specific machining process?  Yes  No  
 Complete details of process used: \_\_\_\_\_

11. Describe any heat treating, electroplating, or welding operations conducted: \_\_\_\_\_

12. Describe the housekeeping of the premises (interior and exterior): \_\_\_\_\_  
 \_\_\_\_\_
13. Describe fire prevention details: \_\_\_\_\_  
 \_\_\_\_\_
14. Describe the storage and protection of any flammable liquids such as cutting oils, cleaning solvents, and dyes:  
 \_\_\_\_\_  
 \_\_\_\_\_
15. Describe the disposal of these liquids or any coolants: \_\_\_\_\_  
 \_\_\_\_\_
16. If this activity is contracted to a disposal company, what are the contractual obligations?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Loss Experience:**

17. During the past three years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you?  Yes  No. If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_
18. Have you ever been involved in or are you aware of any pending litigation concerning construction defect?  Yes  No. If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_
19. Check here if no losses in the past 5 years:
20. Loss Summary (please attached hard copy current company loss runs)

Year	Carrier	# of Claims	Total Incurred	Open/Closed/Recovered

The undersigned Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the Applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The Applicant further understands that, if a policy of insurance is issued, this questionnaire will be incorporated into and form a part of such policy.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Title (Owner, Officer, Partner) \_\_\_\_\_

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE UNDERWRITING MANAGER TO PROVIDE THE INSURANCE.