

Machine Shop Liability Supplemental
(Complete in Addition to Acord Application)

1. Agency Code: _____ Agency: _____
2. Phone: _____ Fax: _____ Web site: _____
3. Producer: _____ E-Mail Address: _____
4. Assistant: _____ E-Mail Address: _____

Application courtesy of <http://www.insurance-applications.com>

General Information:

5. Business Name (dba): _____
6. Please describe applicant's operations by % of work performed per the following:
- A. Work performed entirely to specifications provided by third parties: _____ %
- B. Work performed primarily to specifications provided with some value added consultation or design: _____ %
- C. Work performed / manufactured on behalf of the applicant's business: _____ %
7. Please describe any specialization or industry concentration of work performed: _____

8. Please describe applicant's customer sign-off procedures: _____

9. Please describe applicant's value added services / design or consultation activities: _____

10. Please describe products manufactured & sold under the applicant's label or trademark: _____

11. Please describe the applicant's quality control program: _____

12. Please describe the applicant's testing and record keeping program: _____

13. What percentage of the applicant's work is performed off premises? _____ %
14. Does the applicant work on hydraulic machinery? Yes No
15. Does the applicant work on elevators? Yes No
16. Does the applicant work on aircraft parts? Yes No
17. Does the applicant work on pressurized tanks? Yes No
18. Does the applicant work on non-pressurized tanks? Yes No
19. Does the applicant do any structural steel work? Yes No
20. Does the applicant work on load or support lift systems? Yes No
21. Does the applicant subcontract any production work? Yes No
- If yes, please describe: _____
22. Please attach sample copies of brochures, labels, warnings or assembly instructions if available.

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signature

Date

Print Name

Title

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED
PRIOR TO COVERAGE BEING BOUND**