

Plastics Manufacturing Property Coverage 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. Physical Address: _____ City: _____ State: _____ Zip: _____
7. Contact Person: _____ Phone: _____ Fax: _____
8. Processing methods used: Blow Molding Extrusion Injection Molding Compression Molding
 Thermoforming Lay up Molding Calendaring Other: _____
9. Type of plastics: Type 1 (PVC, teflon, metamine, formica & phonetics, other: _____)
 Type 2 (polyurethane, cellulose acetate & polypropylene, rubber, other: _____)
 Type 3 (cellulose nitrate, pryoxylin & nitrocellulose, other: _____)
10. Please provide detailed description of manufacturing process: _____

11. Is process: Automated Computer Operated Manual
12. Plastic resins used: Pellets Flakes Granules Powders Liquid Paste
 Other: _____
13. Are electrical equipment and wiring explosion proof? Yes No
14. Are your electronic systems in compliance with NFPA 70? Yes No
15. Does the production machinery have dust tight seals and explosion venting? Yes No
16. Are all process equipment grounded and bonded? Yes No
17. Are you in compliance with NFPA 77 on static electricity? Yes No
18. Does the equipment have automatic shut-off? Yes No
19. What is the age of the processing equipment? _____
20. Please describe any obsolete, imported or custom-made equipment: _____

21. What is the inspection and servicing schedule for equipment (including conveyors, hydraulic lines, etc.)? _____

22. How often is the electrical equipment and wiring inspected and serviced by a licensed professional? _____

23. Do you have an in-house fire brigade? Yes No
What is the response time from the Fire Department? _____

24. Do you have your own water source on site? Yes No
If yes, please describe: _____

25. Do you have your own fire-fighting equipment on site? Yes No
If yes, please describe: _____

General Information:

26. Are there grinding or finishing operations? Yes No
If yes, is there a shield guard? Yes No
If yes, is there a dust collection system? Yes No
Please provide details on these operations: _____

27. Are there painting or laminating operations? Yes No

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28. Do all such operations take place in a U/L approved paint booth? Yes No
If no, please describe how exposure is controlled: _____

29. Are there welding operations? Yes No
If yes, are hot work permits obtained? Yes No

30. Is storage of raw material separated from the production area and finished goods storage? Yes No
If yes, by: Firewalls Separate Building Other: _____

31. What is the average volume of raw plastic and finished stock stored on site (in cubic feet)? _____ / _____

32. Is storage of finished product separated from raw materials and the production area? Yes No
If yes, by: Firewalls Separate Building Other: _____

33. What additives and catalysts are used? _____
Quantity typically onsite: _____

34. What other flammables, chemicals or solvents are used? _____
Quantity typically onsite: _____

35. Please describe storage of flammable liquids: _____

36. Are Material Data Safety Sheets for components and final products on file and available? Yes No

37. Are all 55 gallon drums storing chemicals properly grounded? Yes No

38. Is only a single day's supply of flammable liquids stored in the production area? Yes No

39. Are you in compliance with NFPA 30 standards? Yes No

40. Please describe any premises fires over the past 5 years below. Please include a summary of any procedures or processes which were altered as a result to improve loss prevention: _____

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**