



## MACHINE SHOP SUPPLEMENTAL APPLICATION

(Include Acord Application)

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

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.
3. Does applicant do any work for aerospace, automotive, oil field, military, athletic equipment, or medical industries?  Yes  No
4. Does applicant do any work on drive trains or moving parts, i.e., shafts, gears, joints?  Yes  No
5. Does applicant do any repair of farm machinery or construction equipment?  Yes  No
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  
 Please describe: \_\_\_\_\_
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 \_\_\_\_\_ or 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):  
 \_\_\_\_\_  
 Describe fire prevention details: \_\_\_\_\_
13. Describe the storage and protection of any flammable liquids such as cutting oils, cleaning solvents, and dyes:  
 \_\_\_\_\_
14. Describe the disposal of these liquids or any coolants: \_\_\_\_\_
15. If this activity is contracted to a disposal company, what are the contractual obligations?  
 \_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date