

## MANUFACTURING SUPPLEMENTAL APPLICATION

**This application must be submitted with a standard Businessowner's application for any manufacturing exposures. Also include any product brochures the insured may use.**

1. Describe the insured's business operations, including the types of products produced over the last 5 years.  
\_\_\_\_\_  
\_\_\_\_\_
2. Estimate for current year sales. \_\_\_\_\_
3. Are there any flammables, including solvents, used on premises? \_\_\_\_\_
4. Does the insured do any specifications or product design? \_\_\_\_\_ If yes, please provide details.  
\_\_\_\_\_  
Are products made according to customer specifications? If not, please provide details.  
\_\_\_\_\_
5. Does the insured do any installation, repair or maintenance? If so, what percentage of Sales does it represent?  
\_\_\_\_\_
6. Does the insured use special machinery that is difficult to repair or replace? \_\_\_\_\_
7. Do operations involve work with magnesium, titanium, uranium, thorium or zirconium? \_\_\_\_\_
8. Do operations involve spray-painting or electroplating? \_\_\_\_\_
9. Are any precious metals or alloys used by insured? If so, how much is on premises? \$ \_\_\_\_\_
10. Does the insured directly import any products? If so, describe them. \_\_\_\_\_  
\_\_\_\_\_
11. Has insured been self-insured previously for products/completed operations? \_\_\_\_\_
12. What is the final product(s) and for use in what industry? \_\_\_\_\_  
\_\_\_\_\_
13. Has the insured ever manufactured component parts for any of the ineligible products listed below? \_\_\_\_\_  
aircraft/aerospace parts                      critical auto /watercraft parts                      medical equipment  
structural parts                                      military equipment
14. Has the insured ever manufactured finished products in any of the below listed categories? \_\_\_\_\_  
athletic equipment                                      chemicals                                      foam plastics  
insulation    infant products                                      combustible filler  
alarm equipment    storage tanks                                      thermoforming/urethane  
machine guards/safety products                      pressure vessels                                      cosmetics  
smelting or refining operations                      pipes    casting operations
15. For Equipment Breakdown Coverage: Prior EB Carrier \_\_\_\_\_  
EB Loss Experience \_\_\_\_\_  
Business Interruption limit \$ \_\_\_\_\_  
If an increased Expediting Expenses limit is desired, indicate requested limit \$ \_\_\_\_\_

**INSURED'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_