



# Machinery or Equipment Repair Supplemental

NATIONAL FIRE & MARINE INSURANCE COMPANY  
NATIONAL INDEMNITY COMPANY OF THE SOUTH

Name of Applicant \_\_\_\_\_ ZIP Code (of premises) \_\_\_\_\_ State \_\_\_\_\_  
Website \_\_\_\_\_ Previous Policy (for renewals) \_\_\_\_\_

1. Fill out the following table regarding machinery or equipment repair services provided.

Farm	%	Describe operations: _____ _____ _____
Aircraft, Medical, Nuclear	%	
Industrial	%	
Other	%	
Total	%	

- 2. Does the applicant perform any welding?  Yes  No  
If yes, what percentage of work performed is welding? \_\_\_\_\_%  
*If greater than 50%, please complete the Welding Supplemental Application M-5628.*
- 3. Is any work done that involves repairing or using cranes, cherry pickers, or boom lifts?  Yes  No  
If yes, what percentage of work is performed on the above? \_\_\_\_\_%
- 4. Does the applicant primarily repair grain bins, grain elevators, or feed mills?  Yes  No
- 5. Is any machinery or equipment repair work done in oil fields, on petroleum pipelines, for mining operations, or for oil and gas entities?  Yes  No
  - a. If yes, what percentage? \_\_\_\_\_%
  - b. Is any work done over-the-hole or on oil rigs?  Yes  No

6. Fill out the following table regarding workers performing machinery or equipment repair work, excluding the payroll stated in the previous question.

	Number	Payroll	
Active Owners*			* Include only owners and executives performing or supervising machinery or equipment repair work
Non-Owner Employees**			** Exclude owners and executives; include supervisory employees

- 7. Is any casual or temporary labor used which was not included in the previous payroll amount?  Yes  No  
If yes, what is the payroll of casual or temporary labor? \_\_\_\_\_
- 8. Are subcontractors used?  Yes  No  
If yes, what are the total subcontractor costs including materials? \_\_\_\_\_
- 9. Is any work done other than machinery or equipment repair?  Yes  No  
If yes, describe other operations. \_\_\_\_\_

**This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.**

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