



METAL WORKS APPLICATION SUPPLEMENT

Note to General Agent: Refer to SMART Card for Eligibility criteria.

Proposed First Named Insured & Other Named Insured(s):

| Mailing Address | Street | City | County | State | ZIP Code |
|-----------------|--------|------|--------|-------|----------|
|-----------------|--------|------|--------|-------|----------|

BUSINESS INFORMATION

- Number of years' experience as a contractor:
- # of Owners:

| |
|-----------------|
| Gross Sales: \$ |
|-----------------|
- # of Employees:

| |
|----------------------|
| Employee Payroll: \$ |
|----------------------|
- Receipts for previous three years:

| | | | | | |
|---------|----|---------|----|---------|----|
| Year 20 | \$ | Year 20 | \$ | Year 20 | \$ |
|---------|----|---------|----|---------|----|
- Are you currently under or having had warning, suspension, revocation or other restrictions due to failure to comply with licensing standards and safety codes? Yes No
- If you build product to customer specifications, is a written contract in place with the customer and a record of the contract kept on file? Yes No
If No, explain:
- If heavy or large equipment, describe control procedures in place, including guarding and lock-out-tag-out:

TYPE OF ACTIVITIES

Indicate type(s) of activities your firm engages in. (Total should equal 100%.) Check if applicable.

***Refer to Northfield Solutions**

| | | | |
|--|---|--|---|
| <input type="checkbox"/> Assembly | % | <input type="checkbox"/> Metal Heat Processing* | % |
| <input type="checkbox"/> Die Cast Mfg.* | % | <input type="checkbox"/> Metal Works Shop | % |
| <input type="checkbox"/> Drums or Container Mfg. | % | <input type="checkbox"/> Metal Treating* | % |
| <input type="checkbox"/> Electronic Mfg. | % | <input type="checkbox"/> Pattern Mfg.* | % |
| <input type="checkbox"/> Electroplating* | % | <input type="checkbox"/> Pipes or Tubes Mfg. | % |
| <input type="checkbox"/> Fabrication | % | <input type="checkbox"/> Plumbing Supplies Mfg. | % |
| <input type="checkbox"/> Foundry/Forging* Type: | % | <input type="checkbox"/> Precision Machined Parts Mfg. | % |
| <input type="checkbox"/> Industrial Mfg: <input type="checkbox"/> Machine <input type="checkbox"/> Machine Parts | % | <input type="checkbox"/> Sheet Metal Mfg. | % |
| <input type="checkbox"/> Instrument Mfg. | % | <input type="checkbox"/> Tank Building or Mfg.* | % |
| <input type="checkbox"/> Machine Shop - Custom | % | <input type="checkbox"/> Tool Mfg. | % |
| <input type="checkbox"/> Machine Shop Jobbing | % | <input type="checkbox"/> Welding | % |
| <input type="checkbox"/> Medical/Dental/Surgical Equipment or Supplier Mfg.* | % | <input type="checkbox"/> Wire Rope or Cable Mfg.* | % |
| <input type="checkbox"/> Metal Goods Mfg. - Stamping | % | <input type="checkbox"/> Wholesale Distributor | % |
| <input type="checkbox"/> Metal Finishing* | % | <input type="checkbox"/> Other Services | % |
| | | Specify: | |

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you discontinued or are you considering discontinuing any product to be covered by this insurance? If Yes, describe: | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are any new products planned for sale during the next 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you import component parts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you involved in the manufacture of, Welding rods; Firearms, weapons or ammunition; Aircraft, or finished aircraft components; Products, including hazardous or radioactive; Medical, bio-med, surgical, or dental equipment/devices that are FDA regulated? | <input type="checkbox"/> | <input type="checkbox"/> |

| 5. Safety Precaution | Yes | No | If No, details |
|--|--------------------------|--------------------------|----------------|
| Continuous housekeeping | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fire extinguishers annually tagged | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fire watch maintained during and after hot works, in accordance with OSHA standards | <input type="checkbox"/> | <input type="checkbox"/> | |
| Electrically powered equipment properly grounded with routine maintenance and inspection | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cutting activities isolated from other operations | <input type="checkbox"/> | <input type="checkbox"/> | |
| Painting done in UL approved spray-painting booths | <input type="checkbox"/> | <input type="checkbox"/> | |
| Welding operations separated from spray painting booths | <input type="checkbox"/> | <input type="checkbox"/> | |

PROPERTY INFORMATION

1. Do you have fire extinguishers at all locations? Yes No
If No, provide details:

2. Are all fire extinguishers serviced and tagged within the past year? Yes No
If No, provide details:

FRAUD STATEMENTS

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

| | | |
|---------------------------|-------|------|
| Applicant Signature | Title | Date |
| Producer Signature | | Date |
| Producer Name and Address | | |