



Foundries Or Metal Fabrication Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period ____ to ____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

1. What are the age, type, and condition of the applicant's buildings?

2. Describe the electrical wiring - age; type; condition:

Is it adequate for demand? Yes No

Is it in compliance with NFPA 70, National Electrical Code?..... Yes No

3. Describe the process equipment - age; type; condition:

4. What is the level of housekeeping on the premises?

Poor Fair Average Excellent

Is flammable rubbish stored in a bin away from ignition sources?..... Yes No

Has the applicant placed dike-type restraining barriers wherever molten metal is being handled? Yes No

5. Describe the fire detection and suppression system - age; type; condition:

UNDERWRITING INFORMATION (Continued)

- 6. Are "No Smoking" signs posted wherever flammable or combustible liquids are stored? Yes No
- 7. Do you have annually tagged, Class ABC fire extinguishers located throughout facility? Yes No
- 8. What is the average and maximum value exposed to loss?

Average _____ Maximum _____

- 9. What measures has the applicant taken to prevent molten metal from contacting liquids?

- 10. What types and amounts of flammable substances are stored on the premises?

Is applicant in compliance with NFPA 30, Flammable and Combustible Liquids Code? Yes No

- 11. Does the applicant manufacture castings that contain magnesium? Yes No

- 12. What is the applicant's smoking policy? _____

- 13. Does the applicant require any specialized fire-fighting equipment, such as Class D fire extinguishers (used on magnesium dust fires)? Yes No
If yes, describe: _____

- 14. Are employees trained in the proper use of fire extinguishers? Yes No

- 15. How close is the nearest fire department? _____

Has the applicant participated in any pre-fire planning? Yes No

- 16. Is the local fire department informed of any unusual fire hazards associated with foundry work? Yes No

- 17. Does the applicant maintain his or her own fire brigade? Yes No

What is the training and experience of its members? _____

- 18. Does the applicant make lead castings? Yes No

- 19. Does applicant dispose of any lead by a hazardous waste site mitigation contractor? Yes No

- 20. Is wastewater treated on the premises? Yes No

If no, is an outside contractor used? Yes No

- 21. Is the toxicity level of treated wastewater tested before it is returned to its source? Yes No

- 22. Has the applicant ever been cited by the EPA for violating wastewater regulations? Yes No

List the types and amounts of resins, binding agents, and chemicals used in applicant's founding process:

What measures does the applicant take to dispose of these materials properly?

UNDERWRITING INFORMATION (Continued)

- 23. Is the Atmospheric Sampling Equipment serviced and inspected at least annually? Yes No
- 24. Does the applicant measure the amount of air pollution produced at the foundry? Yes No
- 25. Is the applicant in compliance with state and federal regulations concerning air pollution? Yes No
- 26. What security measures does the applicant take to protect raw and finished products?

- 27. What is the average and maximum amount of petty cash on hand daily?
 Average \$ _____ Maximum \$ _____
- 28. Is it stored in a fire-resistant, NRTL-listed safe?..... Yes No
 Who has access to applicant's safe? _____

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

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 misstated. 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.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date