

Manufacturing Supplemental

Your Name	
Your Email	
Your Phone	
Your Agency	
Insured Co.	

1. Are you ISO 9000 certified?

_____ Yes _____ No

If yes, year of certification:

2. Are there any punch press or press brake machinery/equipment?

_____ Yes _____ No

3. How is machinery guarded?

_____ Point of operation _____ Drive mechanism

4. What is the age of the machinery?

_____ <2 year _____ 2-5 years _____ 5-10 years _____ 10+ years

5. Are accessible moving parts guarded on machinery?

_____ Yes _____ No

6. What type of machinery is used? (must equal 100%)

_____ Heavy _____ Med _____ Light

7. Do you have off premises operations?

_____ Yes _____ No

If yes:

What is the % of off premises operations? _____

Where is the off premises operation located?

7.c. What business is conducted at the off premise location?

8. Is the building properly ventilated?

_____ Yes _____ No

9. How is dust controlled in dust producing operations?

_____ Dust collection system

_____ General housekeeping

_____ Non-dust producing operation

10. Is there an automatic sprinkler system?

_____ Yes _____ No

11. What types of alarms protect the premises?

_____ Local

_____ Central Station

_____ Burglar

_____ Smoke detection

_____ Heat detection

_____ Motion Detectors

_____ Other (Please describe)

12. Do you use flammable liquids or other materials that require special handling?

_____ Yes _____ No

If yes:

What quantities are stored on the premise?

How are they stored?

_____ UL Listed Storage Cabinet

_____ Separate Storage System

_____ No Separate Storage required

_____ Other (Please describe)

13. What type of housekeeping program is in place?

_____ Formal, written

_____ Informal

14. Does your company perform any delivery of products or services?

_____ Yes _____ No

If yes:

Please describe.