Manufacturing – General QUESTIONNAIRE

GENE	RAL
Name	d Insured:
Agenc	y Name:
Policy	or Quote Number:
PROD	UCTS AND OPERATIONS
1.	Describe the applicant's product(s) and use:
2.	Check all of the processes that apply:
	☐ Assembly ☐ Grind, buff, or polish
	☐ Cut, punch, shear, or slit ☐ Paint or powder coat ☐ Temper or heat treat
	☐ Form, fabricate, or bend ☐ Welding
3.	Does the applicant plan to introduce any new products? Yes \Box No \Box
	If yes, describe the new product(s) and use:
	Provide estimated sales for the new product(s):
4.	Has any product manufactured by the applicant been excluded from liability coverage:
	Yes □ No □
	If yes, explain:
5.	Has the applicant discontinued any products? Yes \square No \square
	If yes, explain:
6.	Any component parts or finished products imported directly from foreign countries? Yes \square $\:$ No \square
	If yes, describe the imported product(s) and use:
	Provide estimated amount of receipts for imported products:
7.	Has any product manufactured by the applicant been recalled? Yes □ No □ If yes, explain:
8.	Does the applicant have a formal product recall plan? Yes \square No \square

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9.	Are all products manufactured to customer specifications? Yes \Box No \Box	
	If yes, does the customer test the product(s) and sign off upon receipt? Yes \square No \square	
QUAL	ITY CONTROL	
1.	Is there a formal testing and quality control program in place? Yes \Box No \Box	
	If yes, who does testing? ☐ Operator ☐ QC Department ☐ Independent Laboratory	
	How long are quality control records kept?	
2.	Are the products and their end use(s) easily identified? Yes \Box No \Box	
3.	Are all instructions, operating manuals, warranties, and advertisements reviewed by legal counsel? Yes \square No \square	
RISK TRANSFER		
1.	Does the applicant subcontract installation, service, repair, or testing of their products? Yes \square No \square	
	If yes, does the applicant require written contracts that include hold harmless and indemnification agreements with all suppliers, fabricators, installers, servicers, repairers, and customers? Yes \square No \square	
	Does the applicant require to be named as an additional insured by subcontractors? Yes \square No \square	
	Is there a formal procedure to collect and maintain certificates of insurance from all subcontractors? Yes \square No \square	
PREM	ISES AND PROPERTY INFORMATION	
1.	Is the building(s) equipped with smoke alarms throughout the premises? Yes \square No \square If yes, is the alarm local or central station?	
	How often are smoke alarms tested?	
2	Are fire extinguishers located throughout the production areas of the building(s)? Yes \square No \square	
۷.	If yes, how often are fire extinguishers tested and tagged?	
3.	Is the building(s) protected by a fully functional automatic sprinkler system? Yes \square No \square	
	If yes, is the sprinkler system designed for your occupancy? Yes \square No \square	
	Is the sprinkler system regularly maintained? Yes □ No □	
4.	Is the building(s) equipped with a fully functional central dust collection system completely vented to the outside? Yes \Box No \Box	
	If yes, where is dust collected?	
	How often does the applicant dispose of the dust?	
5.	Is the building(s) equipped with a fully functional exhaust ventilation system that draws air outside? Yes \square No \square	
	If yes, is the exhaust ventilation system inspected regularly? Yes □ No □	

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	Are the ventilation systems equipped to filter out chemical vapors as well as dust? Yes \square No \square
6.	Do processes include spray painting, powder coating, or lacquering? Yes \square No \square
	If yes, is there a UL approved spray booth with explosion-proof lighting? Yes \square No \square
7.	Are hazardous materials, such as those that are flammable, corrosive, or toxic used? Yes \square No \square
	If yes, are chemicals, solvents, and flammables stored in UL approved flammable storage cabinets? Yes \square No \square
	Is the applicant in compliance with Environmental Protection Agency regulations concerning the disposal of all hazardous materials? Yes \Box No \Box
8.	Is smoking permitted on the premises Yes \square No \square
	If yes, is smoking restricted to specifically designated areas away from ignition sources? Yes \square $\:$ No \square
9.	Does the applicant have a formal maintenance program for production machinery and equipment? Yes \Box No \Box
10). Is all machinery bonded and grounded to prevent static buildup and discharge? Yes \Box No \Box
11	. Does the applicant use any large or specialized machines in production that would be prohibitively expensive or difficult to repair or replace? Yes \square No \square
	If yes, describe the plan to resume production in the event of a shutdown:
LIEFS	SAFETY
1.	
	Are workers required to wear appropriate vision and respiratory personal protective equipment at all times? Yes \square No \square
3.	Do all employees adhere to OSHA rules for employee safety? Yes □ No □
Leave	any additional information or comments here:

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