

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? _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

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

To Insureds in the States of:

Alabama, Alaska, Arizona, California, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:

NOTICE: In some states, any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Arkansas

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

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

Kentucky

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.

Louisiana

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.

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 commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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.

Pennsylvania

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 act, which is a crime, and subjects such person to criminal and civil penalties.

Rhode Island

NOTICE: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime in many states.

Virginia

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.

Washington

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

Producer's Signature	Date	Applicant's Signature	Date
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