



NON-METAL MANUFACTURERS SUPPLEMENTAL QUESTIONNAIRE

Named Insured _____

Classify Operation

- | | | |
|---|--|--|
| <input type="checkbox"/> Book Publishing and Printing | <input type="checkbox"/> Clothing Mfg | <input type="checkbox"/> Pottery Mfg. |
| <input type="checkbox"/> Brush or Broom Mfg | <input type="checkbox"/> Leather Goods Mfg | <input type="checkbox"/> Sign Mfg |
| <input type="checkbox"/> Buttons or Fastener Mfg | <input type="checkbox"/> Monuments | <input type="checkbox"/> Watches, Clocks, Clockworks |

Section 1 – General Information

- Year business was started?
- Year of present management control?
- Does the applicant have a showroom? Yes No
- Does the applicant have retail sales? Yes No
If yes, what the annual gross receipts produced from this operation?
- Please describe products manufactured & sold under the applicants label or trademark:
- Are you a member of a local, state or national association? Yes No
If yes, please list the associations to which you belong:
- Has the applicant merged with or acquired any companies in the last three years? Yes No
If yes, provide details and advise how past liabilities were handled in the acquisition:

Section 2 – Property

- Does the applicant have their own maintenance/janitorial staff? Yes No
- Is smoking confined to restricted designated areas and strictly enforced? Yes No
- Is applicant compliant with NFPA 70 National Electrical Code Standards? Yes No
- Are surge protectors and proper grounding used on all electrical equipment? Yes No
- Is premises equipped with fire extinguishers and are they serviced annually? Yes No
- Does the applicant have a routine schedule for thorough inspection and maintenance of all boilers and machinery? Yes No
If yes, who does the applicant use to service and inspect the equipment using a Written Service contract?
 Own Trained staff or; Licensed Contractor Other
If other, explain
- Does the applicant have a central Dust Collecting System? Yes No N/A
If yes, explain
- If yes, are all exhaust systems tested and maintained regularly? Yes No
- Are flammable liquids stored in UL Approved storage cabinets? Yes No
If no, explain



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Section 3 – Premises/Operations

1. Do visitors (outside reps) have access to production and/or shop areas? Yes No
If yes, are they required to wear safety equipment? Yes No
If yes, are visits supervised? Yes No
2. Does the plant have a safety video for visitors to watch prior to entering the manufacturing floor? Yes No

Section 4 – Products/Completed Operations

1. Are written quality control and testing procedures in place and followed? Yes No
2. Are products identified to ensure traceability to date and place manufactured? Yes No
3. Are the raw materials traceable to the original source? Yes No
4. Does the applicant hold any certifications related to operations? Yes No
List:
3. Does the applicant subcontract work to others? Yes No
If yes, please describe:
4. If subcontractors are used, does the applicant use a written contacts with all subcontractors that requires the subcontractor to name the applicant as an Additional Insured and include Hold Harmless language in favor of the applicant? Yes No
5. Are any products sold or materials used by the applicant manufactured by foreign manufacturers? Yes No
If yes, please provide details with percent of cost of goods sold:
If yes, does the applicant directly import any products? Yes No
6. Are Certificates of Insurance required? Yes No
7. Is Vendors coverage obtained from suppliers? Yes No
8. Are the Foreign Manufactures used by the applicant domiciled in the US? Yes No
9. Is the finished product inspected prior to being shipped to retailers? Yes No

Section 5 – Automobile

1. How does applicant ship or deliver their goods? Own Fleet Contract/Common Carrier
2. Does the applicant have a sales force that uses their own automobiles in the business of the applicant? Yes No
If yes, does the applicant require minimum liability limits on the salesperson's personal Auto policy and obtain certificates of insurance annually from those individuals? Yes No

Section 6 – Class Specific Questions

A. CLOTHING MANUFACTURING

1. Describe type of clothing being manufactured:



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2. Any children's clothing being manufactured? Yes No
3. Does the applicant's product comply with US Flammability of Clothing Standards? Yes No
4. Does the applicant manufacture any specialized clothing or clothing that makes a special safety claim?
If yes, please describe: Yes No
5. Does the applicant use third party testing or products?
If yes, provide tester name Yes No
6. Does the applicant use products from third parties? Yes No
7. If yes, provide tester name
If yes, describe products used. Yes No
8. Does the applicant use any imported material?
If yes, describe products used. Yes No

B. WATCHES, CLOCKS OR CLOCKWORKS:

1. Does applicant manufacture any precision timing instruments,
such as those used in sporting industry or aerospace? Yes No
If yes, please describe product:
2. What types of valuable metals (e.g. gold, silver, platinum) are stored on the insured's premises?
3. What is the approximate dollar amount? _____

C. MONUMENT MANUFACTURERS AND RETAILERS

1. What type products does the applicant sell?
2. What type of services are provided?
3. If sandblasting operations are conducted, what type of protection is used?
 Blasting cabinets Blasting room Other Protection No Protection N/A
4. Who is responsible for inspecting and maintaining the applicant's sandblasting equipment?
5. What qualifications do they have?

D. POTTERY MANUFACTURING:

1. Who maintains the kilns and dryers for the applicant?
 Owned qualified Staff Subcontractor
Provide qualifications:
2. Are temperatures on all heat generating equipment supervised
by experienced operators while equipment is in use? Yes No
3. Does the equipment have automatic safety shut off features? Yes No

E. SIGN MFG

1. Describe type of signs manufactured by the applicant:
2. Does the applicant install product manufactured? Yes No N/A



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If yes, what is the maximum height exposure?

3. Are cranes used for erecting or installing signs?

If yes, are the cranes owned by the applicant?

4. Does the applicant install billboards?

If yes, explain

- | | | | | | |
|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |