

ROCKHILL **INSURANCE GROUP**

GENERAL LIABILITY

MACHINE SHOP SUPPLEMENTAL

Applicant Name: _____ DBA: _____
Mailing Address: _____ Location Address: _____
Website: _____ Broker/Agency: _____

General Information:

1. Please list all products and attach a brochure for each product, if available.

Name of Product	End use

2. If available please provide a current job listing. Explain: _____

3. Does applicant do any work for aerospace, automotive, oil field, military, athletic equipment, or medical industries? Yes No
If yes, please explain: _____

4. Does applicant do any work on drive trains or moving parts, i.e., shafts, gears, joints? Yes No
If yes, please explain: _____

5. Does applicant do any repair of farm machinery or construction equipment? Yes No
If yes, please explain: _____

6. Does applicant perform work only to customer specifications? Yes No
Is there a hold harmless agreement in applicant's favor? Yes No
7. Is applicant involved in any design work? Yes No
If yes, describe all areas that the general public is permitted: _____

8. Does the applicant do any installation? Yes No
9. Does the applicant have a written quality control program in place? Yes No
Who does the testing? Applicant Customer Independent Laboratory
10. Does the insured specialize in a specific machining process? Yes No
Complete details of process used: _____

11. Describe any heat treating, electroplating, or welding operations conducted: _____

12. Describe the housekeeping of the premises (interior and exterior): _____

13. Describe fire prevention details: _____

14. Describe the storage and protection of any flammable liquids such as cutting oils, cleaning solvents, and dyes:

15. Describe the disposal of these liquids or any coolants: _____

16. If this activity is contracted to a disposal company, what are the contractual obligations?

Loss Experience:

17. During the past three years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you? Yes No. If yes, please explain: _____

18. Have you ever been involved in or are you aware of any pending litigation concerning construction defect? Yes No. If yes, please explain: _____

19. Check here if no losses in the past 5 years:
20. Loss Summary (please attached hard copy current company loss runs)

Year	Carrier	# of Claims	Total Incurred	Open/Closed/Recovered

The undersigned Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the Applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The Applicant further understands that, if a policy of insurance is issued, this questionnaire will be incorporated into and form a part of such policy.

Signature of Applicant: _____ Date: _____

Title (Owner, Officer, Partner) _____

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE UNDERWRITING MANAGER TO PROVIDE THE INSURANCE.