



A DIVISION OF INNOVATION GROWTH PARTNERS SPECIALTY, LLC

## Metals and Plastics Manufacturing Program (MaP) Application

Name Insured: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_

### Please provide a general description of your business:

Annual Gross Sales: \$ \_\_\_\_\_

Number of Employees: \_\_\_\_\_

# Shifts: \_\_\_\_\_

### What do you manufacture?

% component parts: \_\_\_\_\_

% final end products: \_\_\_\_\_

Please describe your typical products and the end-use of each. \_\_\_\_\_

If component parts/products, is the part/product critical to the operation of the finished product? Yes No

If yes, please explain what can happen if the part/product fails: \_\_\_\_\_

If you are manufacturing any final products, is it your design? Yes No

Is it sold under your label? Yes No

Are you selling to:

- commercial customers
- general public
- dealers/distributors

Any product sales directly through your website? Yes No

Are you considered to be a Job Shop (products designed by others)? Yes No

a. Design Assist Yes No      Does Customer Signoff on Adjustments? Yes No

b. What percentage of products are manufactured to the specifications of the customer? \_\_\_\_\_%

Have you purchased any operations within the past ten years? Yes No

Please describe any products/operations that you discontinued or indicate n/a: \_\_\_\_\_

Percentage of annual revenues for any:

Installation \_\_\_\_\_%

Off-site repair work \_\_\_\_\_%

Off-site welding \_\_\_\_\_%

Is all work inspected/quality controlled?  Yes  No

Do you manufacture or have you ever manufactured any firearms or firearm parts?  Yes  No

If yes, please describe: \_\_\_\_\_

Do you subcontract out any work?  Yes  No

If yes, list operations: \_\_\_\_\_

% of operations subbed out? \_\_\_\_\_%

Are certificates of insurance obtained from the sub-contractor(s) with minimum General Liability limits of \$1,000,000 naming you as additional insured?  Yes  No

Do you use written contracts with all sub-contractors that include hold-harmless/indemnification wording?  Yes  No

**Regarding your contracts with your suppliers:**

- They contain wording indicating that the supplier indemnifies you for losses caused by their products.
- Your suppliers make you an additional insured on their policy.
- You use purchase orders only.
- You accept contracts from your suppliers. If yes, please provide a sample.

Which Industries do you work with?	% of Each
Aerospace (Spacecraft/Satellite)	
Agricultural Machinery	
Aviation (Airplane/Helicopter)	
Computer or High Technology	
Consumer/Household Products	
Department of Defense	
Electronics	
Industrial Machinery	
Instrument Manufacturing	
Medical: Non Vital/Non Invasive	
Medical: Surgical/Invasive	
Motor Vehicle/Watercraft	
Petrochemical/Utility/Nuclear	
Tool Manufacturing	
Other:	
<b>TOTAL % Must Equal 100 %</b>	<b>100 %</b>

Description of Operations.	% of Each
Assembly	
Drawing	
Electric Discharge Machining	
Finishing (Plating/Anodizing/Oth)*	
Forging	
Foundry or Die Cast Mfg.*	
Grinding	
Heat Treating*	
Laser/Plasma Cutting	
Machining	
Pattern/Mold Manufacturing	
Precision Parts Machining – CNC	
Turning – Lathe	
Sheet Metal work (shearing, braking)	
Other:	
Spraying/Coating/Painting*	
Stamping	
Welding*	
<b>TOTAL % Must Equal 100 %</b>	<b>100 %</b>

\*Please answer additional questions on “supplemental questions” page.

**What materials do you use?**

- Aluminum
- Beryllium
- Bismuth
- Cadmium
- Lithium
- Magnesium
- Titanium
- Tungsten
- Zirconium
- Other Ferrous (Mild, Carbon, Cast, etc.)
- Other Non Ferrous
- Plastics – please also complete next section

Other: \_\_\_\_\_

**PLASTICS – Processes Used:**

- Blow Molding
- Compression Molding
- Injection Molding
- Rotational Molding
- Transfer Molding
- Extrusion: Sheet, plate, pipe
- Reaction Injection Molding
- Blown and Cast Film Extrusion
- Calendaring
- Co-extrusion
- Pressure Forming
- Vacuum Forming
- Foam Extrusion
- Pultrusion
- Fiberglass Lay-up or Spray-up
- Thermosetting Laminates

Other: \_\_\_\_\_

**PLASTICS – Resins Used:**

- ABS-Acrylonitrile-butadiene-styrene
- Acetal (polyformaldehyde)
- Acrylic (polymethyl methacrylate)
- Butyl Rubber
- EPDM-ethylene-polypropylene rubber
- FRP-Fiberglass-Reinforced polyester
- Nitrile Rubber
- Nylon (nylon 6, nylon 6/6)
- PET-Polyethylene terephthalate
- Polybutadiene
- Polycarbonate
- Polyester elastomer
- Polyethylene
- Polypropylene
- Polystyrene
- Polyurethane
- PET-thermoplastic polyester)
- PVC-Polyvinyl chloride
- PVF-Polyvinyl flouride
- SAN-Styrene Acrylonitrile
- SBR-Styrene butadiene rubber

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- Cellulosics (cellulose acetate/ethylcellulose)
  - Fluoroplastics (ECTFE/ETFE/FEP)
  - Nylon

- 
- Fluoroplastics (PCTFE/PTFE)
  - Melamine
  - Phenolic
  - Urea Formaldehyde

Other: \_\_\_\_\_

## Property:

Roofing material? \_\_\_\_\_

Is there an auxiliary electrical supply system? Yes No

Do you have any solar panels? Yes No

Are you in compliance with NFPA 70 (National Electrical Code)? Yes No

Do you have your electrical system checked annually by a licensed electrician? Yes No

Do you have a maintenance program in place for all equipment? Yes No

Are surge protectors and proper grounding used on all electrical equipment? Yes No

## Cutting Oils:

Petroleum Based Water Based Both Not Applicable

Use of Flammables/Chemicals/Solvents? Yes No

Separate UL approved Storage? Yes No

Compliance with NFPA 30 (Flammable and Combustible Liquids Code)? Yes No

## Auto:

Number of employees who use their personal automobiles to conduct business on your behalf (picking up mail, errands, etc.) and frequency of use? \_\_\_\_\_

Do you obtain proof of coverage for any personal automobiles used with a minimum liability limit of \$100,000? Yes No

Are vehicles ever rented? Yes No

Total number of days annually for rentals? \_\_\_\_\_

Total annual cost of rentals? \$ \_\_\_\_\_

Do you have a vehicle maintenance plan in place? Yes No

Do you have any written guidelines in place regarding distracted driving/usage of electronic devices? Yes No

## WC:

Have you received any OSHA violations within the past 3 years? Yes No

Details, please check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Return to Work Program       | <input type="checkbox"/> Mandatory Personal Protective Equipment |
| <input type="checkbox"/> Regular Safety Meetings      | <input type="checkbox"/> Accident Investigation                  |
| <input type="checkbox"/> Safety Committee/Officer     | <input type="checkbox"/> Supervisor Training                     |
| <input type="checkbox"/> Material Handling Procedures | <input type="checkbox"/> New Hire Training                       |
| <input type="checkbox"/> Lock Out/Tag Out             | <input type="checkbox"/> Forklift Certification                  |

Is all machinery properly guarded? Yes No

## Attestation:

I understand that this application and all information supplied is part of the application processes and will be relied upon by the insurance company in determining whether to provide the insurance coverage herein requested and that the application will become a part of any contract of insurance entered into any material misrepresentation or false coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on this application and that, to the best of my knowledge, all information provided in this application is complete, true and correct. I further warrant that I have made or I will make the necessary maintenance inspections and that all necessary repairs have been made to ensure that my property and operations are and will remain in compliance with any underwriting criteria furnished me.

It is understood and agreed that no insurance is in effect until this application is accepted by the company or companies in writing.

Insured's Signature: \_\_\_\_\_

Name / Title: \_\_\_\_\_

Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Submission Date: \_\_\_\_\_