



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:	
TOTAL % Must Equal 100 %	100 %

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*	
TOTAL % Must Equal 100 %	100 %

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

What materials do you use?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Aluminum | <input type="checkbox"/> Titanium |
| <input type="checkbox"/> Beryllium | <input type="checkbox"/> Tungsten |
| <input type="checkbox"/> Bismuth | <input type="checkbox"/> Zirconium |
| <input type="checkbox"/> Cadmium | <input type="checkbox"/> Other Ferrous (Mild, Carbon, Cast, etc.) |
| <input type="checkbox"/> Lithium | <input type="checkbox"/> Other Non Ferrous |
| <input type="checkbox"/> Magnesium | <input type="checkbox"/> Plastics – please also complete next section |

Other: _____

PLASTICS – Processes Used:

- | | |
|--|--|
| <input type="checkbox"/> Blow Molding | <input type="checkbox"/> Calendaring |
| <input type="checkbox"/> Compression Molding | <input type="checkbox"/> Co-extrusion |
| <input type="checkbox"/> Injection Molding | <input type="checkbox"/> Pressure Forming |
| <input type="checkbox"/> Rotational Molding | <input type="checkbox"/> Vacuum Forming |
| <input type="checkbox"/> Transfer Molding | <input type="checkbox"/> Foam Extrusion |
| <input type="checkbox"/> Extrusion: Sheet, plate, pipe | <input type="checkbox"/> Pultrusion |
| <input type="checkbox"/> Reaction Injection Molding | <input type="checkbox"/> Fiberglass Lay-up or Spray-up |
| <input type="checkbox"/> Blown and Cast Film Extrusion | <input type="checkbox"/> Thermosetting Laminates |

Other: _____

PLASTICS – Resins Used:

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

-
- | |
|---|
| <input type="checkbox"/> Cellulosics (cellulose acetate/ethylcellulose) |
| <input type="checkbox"/> Fluoroplastics (ECTFE/ETFE/FEP) |
| <input type="checkbox"/> Nylon |

-
- | |
|--|
| <input type="checkbox"/> Fluoroplastics (PCTFE/PTFE) |
| <input type="checkbox"/> Melamine |
| <input type="checkbox"/> Phenolic |
| <input type="checkbox"/> 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: _____