

## Metals and Plastics Manufacturing Program (MaP) Supplemental Questions

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

### Aircraft/Aerospace Products:

Confirm no flight-critical or structural parts manufactured. ☐Yes ☐No

Confirm that all parts are manufactured 100% to the specifications of your customer. ☐Yes ☐No

Confirm that you are not doing any design work, understanding that design-assist is acceptable with sign-off from your customer. ☐Yes ☐No

Confirm that your name is not on any of the parts/products you are manufacturing. ☐Yes ☐No

### Welding/hot work:

Are all welding operations performed in a designated area well separated from any flammables? ☐Yes ☐No

Is the welding area equipped with fire extinguishers? ☐Yes ☐No

Are all welding operations performed only by certified employees? ☐Yes ☐No

Is the area well ventilated? ☐Yes ☐No

Is proper PPE use required/enforced? ☐Yes ☐No

Is your welding equipment inspected and maintained regularly? ☐Yes ☐No

### Spraying/Coating/Painting:

Is all spraying/coating/painting done in an approved spray booth? (Compliant with UL or NFPA-33 standard for construction, electrical, ventilation, etc. and OSHA standards) ☐Yes ☐No

### Finishing/Plating/Anodizing:

Indicate all applicable operations:

☐ Anodizing

☐ Electroplating

☐ Electro-Polishing

☐ Electrostatic Spraying

☐ Hardening

☐ Heat Treating

☐ Plating

☐ Powder Coating

Other (please describe): \_\_\_\_\_

Provide information on number/type/size/age of hot process equipment, heat treating ovens, plating/anodizing tanks, and hardening equipment: \_\_\_\_\_

Please explain separation between the various parts of the finishing shop – office, raw material storage, finished goods storage, spray area, and plating/tanks area. How are the other areas protected from a spread of fire in the tank area? \_\_\_\_\_

Please indicate whether your immersion equipment has any of the following:

- ☐ Low fluid level control automatic shutoff
- ☐ High temperature control automatic shutoff
- ☐ Automatic fuel shutoff

Do you have floor spill containments in the event of rupture of tanks, fuel lines, etc? ☐Yes ☐No

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Foundry or Die Cast Operations:

Please explain the separation between the various parts of the foundry (or include a diagram): office, raw material storage, storage of finished goods, and the melt floor. How are the other areas protected from the spread of fire on the melt floor? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Information on furnaces used in the foundry process:

Number of Furnaces: \_\_\_\_\_  
Type: \_\_\_\_\_  
Size: \_\_\_\_\_  
Temperature: \_\_\_\_\_  
Fuel source: \_\_\_\_\_

Describe emergency shutdown measure in case of malfunction: \_\_\_\_\_  
\_\_\_\_\_

Are you in compliance with NFPA 86/86C? ☐Yes ☐No

Where is your raw material sourced from? \_\_\_\_\_

Is scrap metal used? \_\_\_\_\_

Is all raw material inspected prior to use to check for moisture or impurities? ☐Yes ☐No

Are patterns created in-house or supplied by the customer? \_\_\_\_\_

Where are patterns stored? \_\_\_\_\_

Are duplicates of patterns made? ☐Yes ☐No

Please describe your quenching process: \_\_\_\_\_

Please describe your quality control process: \_\_\_\_\_

Do you have a formal emergency response plan in the event of a fire? ☐Yes ☐No

Have you participated in pre-fire planning with the fire department? ☐Yes ☐No

### Manufacturer's Errors & Omissions:

Limits requested:

- ☐ \$ 25,000 / \$50,000 Occurrence/Aggregate
- ☐ \$ 50,000 / \$100,000 Occurrence/Aggregate
- ☐ \$ 100,000 / \$200,000 Occurrence/Aggregate
- ☐ \$ 250,000 / \$500,000 Occurrence/Aggregate
- ☐ \$ 500,000 / \$500,000 Occurrence/Aggregate
- ☐ \$1,000,000 / \$1,000,000 Occurrence/Aggregate

Do you currently carry this coverage? ☐Yes ☐No

If yes, current carrier? \_\_\_\_\_ Retroactive date on current policy: \_\_\_\_\_

**Please list your five largest jobs over the past year:**

Client name: \_\_\_\_\_

Nature of product mfg. \_\_\_\_\_

% of annual revenue: \_\_\_\_\_

# of units: \_\_\_\_\_

Do you use written contracts or purchase orders with your customers? ☐Yes ☐No

If yes, please provide copies.

**How do you handle customer complaints?**

☐ Written policy in place for handling complaints or change requests.

☐ All complaints are documented in writing and recorded in a log.

☐ All complaints are investigated.

**Please describe your Quality Control process:**

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**Products Recall Expense:**

Limits requested:

☐ \$ 25,000 / \$50,000 Occurrence/Aggregate

☐ \$ 50,000 / \$100,000 Occurrence/Aggregate

☐ \$ 100,000 / \$200,000 Occurrence/Aggregate

☐ \$ 250,000 / \$500,000 Occurrence/Aggregate

☐ \$ 500,000 / \$500,000 Occurrence/Aggregate

☐ \$1,000,000 / \$1,000,000 Occurrence/Aggregate

Deductible: \_\_\_\_\_

Participation %: \_\_\_\_\_

Have you ever had to recall a product? ☐Yes ☐No

If yes, please provide details including date, product involved, reason for recall, how remedied: \_\_\_\_\_

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Do you have a formalized recall program? ☐Yes ☐No

If no, do you have an informal plan? ☐Yes ☐No

Do you have formalized tracking procedures in place for products manufactured? ☐Yes ☐No

Are your parts/products identifiable as items that you have manufactured? ☐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: \_\_\_\_\_