



Fabricated Metal Products Manufacturing Supplemental – Excess / Umbrella

Name of Applicant:	
Does the applicant manufacture any of the following? <input type="checkbox"/> Pressure vessels or pressurized canisters such as aerosols <input type="checkbox"/> Canisters for hazardous materials <input type="checkbox"/> Parachute or climbing hardware <input type="checkbox"/> Gun components or trigger locks <input type="checkbox"/> Stove or furnace flues <input type="checkbox"/> Forms for concrete <input type="checkbox"/> Highway guardrails <input type="checkbox"/> Tubing or piping products <input type="checkbox"/> Machine guards <input type="checkbox"/> Balconies or stairs <input type="checkbox"/> Fire escapes or chain ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Products used in elevators or bridges <input type="checkbox"/> Conveyor belts <input type="checkbox"/> Tire chains <input type="checkbox"/> Welding rods (Mfg or distribute) <input type="checkbox"/> Ladders <input type="checkbox"/> Products designed to insulate, prevent or minimize water intrusion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant manufacture any products that are used in the following industries? <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Motor vehicles <input type="checkbox"/> Sporting Goods <input type="checkbox"/> Chemical Medical/Health Care <input type="checkbox"/> Biotechnology <input type="checkbox"/> Children’s toys/furniture <input type="checkbox"/> Seafood processing <input type="checkbox"/> Aviation <input type="checkbox"/> Meat Processing/slaughter houses <input type="checkbox"/> Industrial piping/pressurized piping	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant receive indemnification and additional insured status from all suppliers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant directly import more than 50% of their materials or products from outside the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant give “Hold Harmless” Agreements for others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any products critical components of an end product where failure of the insured’s product is likely to result in severe bodily injury or property damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured install or rent any products to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT’S SIGNATURE _____ Date _____

AGENT SIGNATURE _____ Date _____