



Stone, Glass, Clay, & Concrete Manufacturing Supplemental – Excess / Umbrella

Name of Applicant:	
Does the applicant manufacture any of the following items? <input type="checkbox"/> Pressure vessels or pressurized canisters such as aerosols <input type="checkbox"/> Canisters for hazardous materials <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"/> Balconies or stairs <input type="checkbox"/> Products used in elevators or bridges <input type="checkbox"/> Wood fuel products <input type="checkbox"/> Structural products <input type="checkbox"/> Building Material products for Building & Construction industry <input type="checkbox"/> Specialty Wall coverings (such as Fire resistive or bacteria & mildew products) <input type="checkbox"/> Materials used for lead based paint encapsulation or designed to contain hazardous materials or chemicals <input type="checkbox"/> Pottery for chemical or industrial uses (such as porcelain electrical insulators or chemical vessels) <input type="checkbox"/> Glass or ceramic products intended to be used under pressure (such as scientific uses)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant install or rent any products for others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do quality control specifications exist for each product?	<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
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

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 SIGNATURE _____ Date _____

AGENT SIGNATURE _____ Date _____