Foundries Or Metal Fabrication Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name ___________________________ Agent ___________________________

Applicant Mailing Address ___________________ Applicant's Phone Number ____________

_________________________________________ Web Address __________________________

_________________________________________ Inspection Contact ____________________

Proposed Policy Period ______ to ______ Phone Number for Inspection Contact __________

Applicant is ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other ______________

Location #1 ________________________________________________________________________

Location #2 ________________________________________________________________________

Location #3 ________________________________________________________________________

UNDERWRITING INFORMATION

1. What are the age, type, and condition of the applicant's buildings?

__________________________________________________________________________________

__________________________________________________________________________________

2. Describe the electrical wiring - age; type; condition:

__________________________________________________________________________________

Is it adequate for demand? ............................................................................................................. ☐ Yes ☐ No

Is it in compliance with NFPA 70, National Electrical Code? ........................................................... ☐ Yes ☐ No

3. Describe the process equipment - age; type; condition:

__________________________________________________________________________________

4. What is the level of housekeeping on the premises?

☐ Poor ☐ Fair ☐ Average ☐ Excellent

Is flammable rubbish stored in a bin away from ignition sources? .................................................... ☐ Yes ☐ No

Has the applicant placed dike-type restraining barriers wherever molten metal is being handled? ......... ☐ Yes ☐ No

5. Describe the fire detection and suppression system - age; type; condition:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
6. Are "No Smoking" signs posted wherever flammable or combustible liquids are stored? □ Yes □ No

7. Do you have annually tagged, Class ABC fire extinguishers located throughout facility? □ Yes □ No

8. What is the average and maximum value exposed to loss?
   Average ______________________ Maximum __________________________

9. What measures has the applicant taken to prevent molten metal from contacting liquids?

10. What types and amounts of flammable substances are stored on the premises?

Is applicant in compliance with NFPA 30, Flammable and Combustible Liquids Code? □ Yes □ No

11. Does the applicant manufacture castings that contain magnesium? □ Yes □ No

12. What is the applicant's smoking policy?

13. Does the applicant require any specialized fire-fighting equipment, such as Class D fire extinguishers (used on magnesium dust fires)? □ Yes □ No
   If yes, describe: __________________________________________________________

14. Are employees trained in the proper use of fire extinguishers? □ Yes □ No

15. How close is the nearest fire department?

   Has the applicant participated in any pre-fire planning? □ Yes □ No

16. Is the local fire department informed of any unusual fire hazards associated with foundry work? □ Yes □ No

17. Does the applicant maintain his or her own fire brigade? □ Yes □ No
   What is the training and experience of its members? ______________________________

18. Does the applicant make lead castings? □ Yes □ No

19. Does applicant dispose of any lead by a hazardous waste site mitigation contractor? □ Yes □ No

20. Is wastewater treated on the premises? □ Yes □ No
   If no, is an outside contractor used? □ Yes □ No

21. Is the toxicity level of treated wastewater tested before it is returned to its source? □ Yes □ No

22. Has the applicant ever been cited by the EPA for violating wastewater regulations? □ Yes □ No

   List the types and amounts of resins, binding agents, and chemicals used in applicant's founding process:

   What measures does the applicant take to dispose of these materials properly?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
UNDERWRITING INFORMATION (Continued)

23. Is the Atmospheric Sampling Equipment serviced and inspected at least annually? ........................................... □ Yes □ No
24. Does the applicant measure the amount of air pollution produced at the foundry? ........................................... □ Yes □ No
25. Is the applicant in compliance with state and federal regulations concerning air pollution? ........................................... □ Yes □ No
26. What security measures does the applicant take to protect raw and finished products?

________________________________________________________________________

27. What is the average and maximum amount of petty cash on hand daily?

Average $ ____________________  Maximum $ ____________________

28. Is it stored in a fire-resistant, NRTL-listed safe? ................................................................. □ Yes □ No

Who has access to applicant’s safe? ________________________________________________________________________

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

To Insureds in the States of:
Alabama, Connecticut, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:

NOTICE: In some states, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska
A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona
For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California
For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District Of Columbia
WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Hawaii
Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Idaho
Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Indiana
Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Louisiana
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland
Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire
Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Minnesota
Any person who files a claim with intent to defraud or help commit a fraud against an insurer is guilty of a crime.

New Hampshire
Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico
ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York
The following statement is to be attached to and form a part of the policy application:
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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio
Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma
WARNING – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:
A. The misinformation is material to the content of the policy;
B. We relied upon the misinformation; and
C. The information was either:
   1. Material to the risk assumed by us; or
   2. Provided fraudulently.
For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.
With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.
Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania
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.
Tennessee
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington
It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

____________________  ___________  __________________________  ___________
Producer’s Signature  Date  Applicant’s Signature  Date