

# MANUFACTURERS' SUPPLEMENTAL APPLICATION

*(Complete this in addition to Acord application.)*

Named Insured:		
Location Address(es):		
Website address:		
Are your premises sprinklered?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Detailed description of production processes and products made:		
Are any processes automated?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do your processes involve welding? If so, describe:		Yes <input type="checkbox"/> No <input type="checkbox"/>
What machines are used in the manufacturing process?		
Are production records kept & if so, how many years?		Yes <input type="checkbox"/> No <input type="checkbox"/>
State(s) of operation:		
Projected sales:		
Are goods sold under your own label or for a supplier's label?		Own label <input type="checkbox"/> Supplier's label <input type="checkbox"/>
Describe:		
Does your premises include a section for loading & unloading?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are goods transported by you or common carrier?		By you <input type="checkbox"/> By carrier <input type="checkbox"/>
Do all employees receive safety training? If so, describe the training provided:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are regular safety meetings held?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Who is responsible for quality control?		
Describe your QC processes:		
Describe your PPE requirements:		
Are any chemicals used in your manufacturing process? If so, describe:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe flammables used & how they are stored:		

## FRAUD WARNINGS

Warning – Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purposes or misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**AL, AR, DC, LA, MD, RI, WV** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**CO** – 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.

**FL, OK** – Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (FL only)

**KY, PA** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**ME, TN, VA, WA** – 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 (ME only) include imprisonment, fines or a denial of insurance benefits.

**NJ, NM** – Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NY** – 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.

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

**OR** – Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.

**UT** – Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

## SIGNATURE

The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this application which may arise prior to the effective date of any policy issued pursuant to this application and the applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that, if a policy of insurance is issued, this application will be incorporated into and form a part of such policy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Title (Officer, Partner, etc.)

\_\_\_\_\_  
Date Signed

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR  
THE INSURER TO PRODUCE INSURANCE.