



Boston Insurance Specialists, Inc.

800 South Main Street, Suite 101, Mansfield, MA 02048
 Phone: 800.784.1887, Fax: 508.337.3698

MACHINE SHOP SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD Application)

Name of Applicant: _____

Web site Address: _____

Location Address: _____

1. Number of Employees: _____

2. Annual Payroll: \$ _____

3. Annual Receipts: \$ _____

4. Annual Subcontractors Cost: \$ _____

5. Types of processes performed by applicant by percentage:

Type of Process	Percent
Assemble parts manufactured by others	%
Make replacement parts/repair items or equipment	%
Manufactured finished parts	%

Type of Process	Percent
Manufacture parts to customer's specifications	%
Other—Describe _____	%

6. Are any of the applicant's products used in any of the following categories?

<input type="checkbox"/> Aerosol containers	<input type="checkbox"/> Gears	<input type="checkbox"/> Playground equipment
<input type="checkbox"/> Aircraft or aerospace applications	<input type="checkbox"/> Hoists	<input type="checkbox"/> Personal floatation
<input type="checkbox"/> Alarm or security equipment	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Pollution control
<input type="checkbox"/> Chemical drums, containers, tanks	<input type="checkbox"/> Industrial valves or pumps	<input type="checkbox"/> Pressure vessels
<input type="checkbox"/> Construction machinery	<input type="checkbox"/> Industrial machinery	<input type="checkbox"/> Pressurized containers
<input type="checkbox"/> Conveyors	<input type="checkbox"/> Jacks or lifting devices	<input type="checkbox"/> Railroad equipment
<input type="checkbox"/> Electric power generation	<input type="checkbox"/> Joints	<input type="checkbox"/> Safety equipment
<input type="checkbox"/> Elevators or escalators	<input type="checkbox"/> Ladders or scaffolds	<input type="checkbox"/> Shafts
<input type="checkbox"/> Exterior windows or doors	<input type="checkbox"/> Machinery rebuilding	<input type="checkbox"/> Structural or load bearing building components
<input type="checkbox"/> Farm machinery	<input type="checkbox"/> Medical equipment	<input type="checkbox"/> Watercraft
<input type="checkbox"/> Firearms	<input type="checkbox"/> Military applications	<input type="checkbox"/> Welding rods
<input type="checkbox"/> Fire suppression systems	<input type="checkbox"/> Mining machinery	
<input type="checkbox"/> Gas or oil production equipment	<input type="checkbox"/> Motor vehicles	

If any of the above categories are checked, please describe in more detail: _____

7. Does the applicant specialize in a specific machining process?..... Yes No

Describe process: _____



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8. Percentage of operations performed:

In Shop _____% Off Site/Mobile _____% Off Shore _____% Installation Operations _____%

Describe off-site operations: _____

9. Describe any heat treating, electroplating, or welding operations conducted: _____

10. Does the applicant use Beryllium alloys now or at anytime in the past?..... Yes No

If yes, describe the material used and the products the materials are (or were) in, and the number of years they have (or were) used: _____

11. Does the applicant use any warning labels on finished products? Yes No

If yes, explain: _____

12. Select the ways applicant tests their products:

- Applicant's employees Independent test laboratory Applicant's customers, prior to acceptance
 Government Agency Other: _____

13. What procedural controls are in place for customer acceptance of custom-made products? _____

14. Does applicant perform any design or consulting services? Yes No

If yes, describe: _____

15. Describe products sold under applicant's own label: _____

16. What percentage of applicant's product is sold outside the United States? _____%

Does applicant maintain a foreign liability policy? Yes No

Does applicant install products overseas? Yes No

17. Are reports on all phases of engineering, production, quality control, and field service for the life of the product kept?..... Yes No

If no, how many years of reports are maintained? < 10 years > 10 years

18. List any discontinued products which may still be in use:

Product Description	Annual Sales	Year Discontinued



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19. Do you import any finished products or component parts? Yes No

If yes, explain: _____

20. Are you participating in the research and development of any new product or planning any new products for sale in the next twelve (12) months? Yes No

If yes, explain: _____

21. Describe site preparation procedures taken to prevent fire/heat loss or injury: _____

22. Does the applicant have a written quality control program in place? Yes No

23. Does the applicant subcontract work to others? Yes No

If yes, describe type of work subcontracted: _____

24. Hold-Harmless Agreements:

Does the applicant use a standard client contract, which outlines the specific responsibilities of the applicant? Yes No

Do others hold applicant harmless? Yes No

Does applicant agree to hold any third party harmless? Yes No

Does applicant assume, by contract or verbally, responsibility for any injury or damage that may occur? Yes No

25. Does applicant have Workers' Compensation coverage in force? Yes No

Does applicant lease employees? Yes No

26. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No

If yes, describe: _____

27. Attach (A) Any product description; (B) Brochures; (C) Copy of applicants' standard contract with clients'; (D) Copies of all agreements in which the applicant has assumed liability; and (E) Separate detailed narrative descriptions as required.

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. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.



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WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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

FRAUD WARNING (APPLICABLE IN TENNESSEE VIRGINIA AND 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.



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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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

CONTACT NAME AND TELEPHONE NUMBER OF INDIVIDUAL FOR INSPECTION/AUDIT: _____
