

# Supplemental Questionnaire

for

## MetalWorkingGuard & PlasticsGuard Programs

administered by

Smith, Bell & Thompson, Inc.

### 1. Applicant Information

- A) Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_
- B) Are you a member of any Trade Associations?  Yes  No  
If yes, what is the name of the Association(s)? \_\_\_\_\_  
\_\_\_\_\_
- C) Total # of Employees: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_
- D) Do you have a brochure?  Yes  No If yes, please attach copy
- E) Website Address: \_\_\_\_\_

F) What type(s) of activities does your firm engage in? (Total should equal 100%)

- |   |        |  |        |
|---|--------|--|--------|
| <input type="checkbox"/> Precision Machined Parts Manufacturing | _____% | <input type="checkbox"/> <b>Electroplating*</b>          | _____% |
| <input type="checkbox"/> Metal Goods Manufacturing - Stamping   | _____% | <input type="checkbox"/> Foundry/Forging                 | _____% |
| <input type="checkbox"/> Die Cast Manufacturing                 | _____% | <input type="checkbox"/> <b>Metal Treating*</b>          | _____% |
| <input type="checkbox"/> Forging (Type _____)                   | _____% | <input type="checkbox"/> Welding                         | _____% |
| <input type="checkbox"/> Instrument Manufacturing               | _____% | <input type="checkbox"/> Machine Shop Jobbing            | _____% |
| <input type="checkbox"/> Wholesale Distributor                  | _____% | <input type="checkbox"/> Machine Shop - Custom           | _____% |
| <input type="checkbox"/> Industrial Manufacturing               | _____% | <input type="checkbox"/> <b>Metal Finishing*</b>         | _____% |
| (Machine/Machinery Parts. Please circle one)                    |        | <input type="checkbox"/> Assembly                        | _____% |
| <input type="checkbox"/> Pattern Manufacturing                  | _____% | <input type="checkbox"/> Electronic Mfg                  | _____% |
| <input type="checkbox"/> Plastic Injection Molding              | _____% | <input type="checkbox"/> Fabrication                     | _____% |
| <input type="checkbox"/> Sheet Metal Manufacturing              | _____% | <input type="checkbox"/> Tool Manufacturing              | _____% |
|   |        | <input type="checkbox"/> Other Services (please specify) | _____% |

\*Also complete "Metal Finishing" supplemental application

G) Indicate percentage of products by industry group:

- |   |        |  |        |
|---|--------|--|--------|
| <input type="checkbox"/> Aviation               | _____% | <input type="checkbox"/> Medical Equipment       | _____% |
| <input type="checkbox"/> Computer               | _____% | <input type="checkbox"/> Motor Vehicles          | _____% |
| <input type="checkbox"/> Defense                | _____% | <input type="checkbox"/> Nuclear                 | _____% |
| <input type="checkbox"/> Electronic             | _____% | <input type="checkbox"/> Petrochemical           | _____% |
| <input type="checkbox"/> Household Appliance    | _____% | <input type="checkbox"/> Utilities               | _____% |
| <input type="checkbox"/> Industrial Machinery   | _____% | <input type="checkbox"/> Watercraft              | _____% |
| <input type="checkbox"/> Agricultural Machinery | _____% | <input type="checkbox"/> Other (please specify): | _____% |

2. List 5 largest customers:

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3. In what products or application will your product or components be used? \_\_\_\_\_

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4. Do you design your own products or components?  Yes  No

If yes, please explain: \_\_\_\_\_

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5. Do you manufacture a product under your own label?  Yes  No  
If yes, what is that product and describe its function? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Are any of your products considered critical components in your customers finished products?  Yes  No  
If yes, please explain why it is critical: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What would you consider unique in your operation? \_\_\_\_\_  
\_\_\_\_\_
8. Do you have a quality control process in place?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you have an employee training or apprenticeship program in place?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
10. Do you import foreign materials for your products?  Yes  No  
If yes, please describe the property and explain its use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Have you had any claims presented or have any knowledge of claims to be made against you alleging injury or financial loss from the failure of a component part or end product you manufactured?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Do you do any repair work on your customer's premises?  Yes  No  
If yes, what is the total amount of your annual receipts for this activity? \_\_\_\_\_
13. Do you install any equipment/machinery on your customer's premises?  Yes  No  
If yes, what is the total amount of your annual receipts for this activity? \_\_\_\_\_
14. List any chemicals or flammables that are commonly stored on your premises: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Do you use the services of an EPA approved contractor for disposal of hazardous waste?  
 Yes  No If yes, what are the waste products? \_\_\_\_\_  
\_\_\_\_\_
16. Do you enforce mandatory rules for the use of machine guards, regulation goggles, face guards, respirators and related protective apparel?  Yes  No
17. Do you check customer specifications?  Yes  No
18. If you design products for others, does the client sign off?  Yes  No
19. Do you provide hold harmless agreements to your customers?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
20. (A) Do you use rare or valuable metals?  Yes  No  
If yes, please identify and describe their use: \_\_\_\_\_  
\_\_\_\_\_
- (B) What security measures are used to protect precious metals? \_\_\_\_\_  
\_\_\_\_\_
- (C) What is the maximum value of the metals on your premises at any one time? \_\_\_\_\_
21. Do your employees use company vehicles for personal use?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
22. Do your employees use their personal automobiles to conduct business on your behalf?  
 Yes  No If yes, please describe use of vehicles: \_\_\_\_\_  
Do you obtain proof that the automobile is insured?  Yes  No
23. Do you review driver motor vehicle records at time of hire?  Yes  No  
Do you obtain updates on at least an annual basis?  Yes  No
24. Please describe your safety program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
25. Do you require pre-employment physicals?  Yes  No

26. What type of employee benefit plans (health, life, disability, etc.) do you provide for your employees? Please list: \_\_\_\_\_  
\_\_\_\_\_
27. Do you use silica in your manufacturing and/or repair operations?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
28. Do you have any pets or animals that are on the premises? \_\_\_\_\_ If YES, please provide the number, type, and/or breed of animal: \_\_\_\_\_  
What is the purpose of the animals being on the premises? \_\_\_\_\_  
Do you maintain records of required inoculations? \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY ALL APPLICANTS**

I/We hereby declare that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or misstated any material facts.

Applicant Name: \_\_\_\_\_  
(please type or print name and title)

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
**(must be signed by Principal or Officer of Firm)**

Insurance Agency Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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ADMINISTERED BY:



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