

MACHINE SHOP SUPPLEMENTAL UNDERWRITING QUESTIONNAIRE

Application/Policy # _____

Insured Name: _____ Federal ID #: _____
 Effective Date: _____ Web Site: _____ Insurance Contact E-mail: _____
 Agency: _____ Contact: _____

Payroll Data – Provide historical payroll data by class (for current and prior 4 years), or submit final audit invoices if available. Applicable only to policy years not insured by Republic Indemnity.

YEAR	Class:	3632	8742 (1)	8810 (1)	_____
Current		_____	_____	_____	_____
1 st Prior Yr		_____	_____	_____	_____
2 nd Prior Yr		_____	_____	_____	_____
3 rd Prior Yr		_____	_____	_____	_____
4 th Prior Yr		_____	_____	_____	_____

Loss Experience

If the insured has not been insured by Republic Indemnity for the latest 3-year term, please provide **currently valued loss runs** for any of those three years insured elsewhere **and most current experience modification worksheet** if available.

Operational Information

- What kinds of items are machined? _____
- What is the average and maximum any part machined would weigh? Average _____ Maximum _____
- Describe material handling controls in place (e.g. forklifts, hoists, carts, etc.) _____
- What percentage of employees have the following skill levels? High _____ Medium _____ Low _____
- Is employee training provided? Yes No
- Is the machining considered high tolerance? Yes No High precision? Yes No
- Total number of machines used in production _____
- Type of machinery used in production (select all that apply and indicate number):
 Number
 CNC (computer-numeric controlled) _____
 Conventional _____
 Metal Forming _____
 Power press _____
 Grinding/Buffering/Polishing _____
 Other _____ Provide details: _____
- Is all machinery guarded? Yes No
- Are any of the following done? *If yes, provide number of employees involved and details*
 Welding Yes No _____
 Sandblasting Yes No _____
 Heat Treating Yes No _____
 Plating Yes No _____
 Anodizing Yes No _____
 Painting Yes No _____
 Assembly Yes No _____
- Does insured have a formal safety plan? Yes No
- Any exotic metals used (e.g. titanium, magnesium, beryllium, etc.) Yes No
If yes, provide details _____

General Information

1. Current number of permanent employees _____ # of temporary/seasonal employees _____ # of W2's filed for latest reporting year _____
2. Number of employees: _____ Increasing _____ Decreasing _____ Stable
3. Number of part time employees _____ Number of full time employees _____
4. Mean wage: For mainstream employees in production operations or services offered \$ _____/hr.
For administrative staff (e.g. clerical, sales) \$ _____/hr.
5. Union Non-Union % of employees participating _____
6. How many independent contractors are used? _____
How many 1099 forms are issued to individuals? _____
How many 1099 forms are issued to companies/organizations? _____
If there are independent contractors, what kind of work do they perform? _____
Are independent contractors covered under a statutory Workers' Compensation Insurance policy and do they provide Certificates of Insurance? Yes No
7. Group Medical provided: Yes No Name of Group Medical Provider _____
% of employees participating _____ % of employer contribution _____
Paid Vacation: Yes No Paid Sick Leave: Yes No 401K or Pension: Yes No
8. Safety Program: Yes No
Safety meetings held for all employees: Yes No
Personal protective safety equipment provided: Yes No
Accident investigation program in place: Yes No
9. Pre-employment physical: Yes No
10. Drug Screening Program/Random Drug Testing: Yes No
11. Does insured offer modified work?: Yes No
If yes, provide details _____
12. Loss Control Incentive Program: Yes No
13. Percent of Off Premises Operations: _____%
Delivery: Yes No # of Employees Involved: _____ # of Vehicles Utilized: _____ Radius _____
Installation: Yes No # of Employees Involved: _____ # of Vehicles Utilized: _____ Radius _____
Details of use, include specifics as to delivery exposures _____
Number of employees regularly driving: * _____
*We define regular as over 10% of all production employees time in the aggregate being spent off-premises.
Frequency of off-premises activity: Daily Less than Daily
What are the average and maximum number of covered employees that travel together in the same vehicle? _____

How often do the maximum number of covered employees travel together in the same vehicle? _____
MVR's checked Yes No *If yes, please provide details as to procedures in place* _____
Is there a disciplinary/termination rule in place based on driving record? Yes No *If yes, describe how this is implemented* _____
14. Does applicant own, operate or lease aircraft? Yes No
15. Hours of Operation _____
16. Did producer pre-inspect the premises: Yes No
17. Are any of the insured's operations located within a Federal or State government owned building that is over 35% occupied by governmental offices or National Landmarks? Yes No *If yes, provide details* _____

Location (s) – Please complete for all locations of business operations:

	# Employees assigned to location (including those who work off premises)		# of Shifts	Maximum number of employees on premises at one time	# of Stories/ Floor # occupied by this business	Building Construction Type *(see below)
	<u>Full-time</u>	<u>Part-time</u>				
Location (1)	_____	_____	_____	_____	_____/____	_____
Street _____						
City, State, Zip _____						
Location (2)	_____	_____	_____	_____	_____/____	_____
Street _____						
City, State, Zip _____						
Location (3)	_____	_____	_____	_____	_____/____	_____
Street _____						
City, State, Zip _____						

If more than 3 locations, please continue on separate sheet.

*Types of Building Construction that closely matches the description of building that Insured occupies.

- | | |
|--------------------------------------|----------------------------------|
| Wood Frame, including masonry veneer | Tilt-up concrete |
| Unreinforced masonry | Reinforced concrete |
| Reinforced masonry | Light gauge steel frame |
| Mobile home | Protected structural steel frame |

Policy Specifications

Commission % _____ Participating _____ Program _____ Program Name: _____
 Direct Bill _____ Agency Bill _____

Producer Authorized Signature _____ Date _____