



COMMERCIAL PROPERTY- MANUFACTURING, PROCESSING & REPAIR APPLICATION

Named Insured: _____

Description of Premise(s):

GENERAL INFORMATION

1. Please state insured's operations.	
2. Provide detailed description of the manufacturing/repair process	
3. Is there a separation of operations? (Production / Finishing Areas/ Storage)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Confirm age and type of processing equipment.	
5. Is all process equipment grounded and bonded?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Does equipment have an automatic shut off valve to prevent overheating?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Is there adequate ventilation in all production areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Are "No Smoking" signs posted wherever smoking is prohibited?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Are fire extinguishers inspected and tagged annually?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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10. Any use of flammable/combustible liquids?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes:	
a. List flammables used:	
b. Describe how and where flammables are stored.	
c. What quantities are kept on hand?	
d. Are flammables used or stored near heat sources	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Any spray painting done?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, is there a UL approved paint booth or spray room?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Any woodworking?	Yes <input type="checkbox"/> No <input type="checkbox"/>
a. If yes, is there a dust collection system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Any welding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes:	
a. How and where are oxygen and gas tanks stored when not in use?	
b. Are tanks chained to the wall or post when not in use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Any exposure to metal dust?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes:	
a. Please identify exact type of metal used:	
b. Is there a metal dust collection system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Is building equipped with any of the following:	
a. Automatic sprinkler system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Central Station Fire Alarm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Smoke detectors?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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Remarks:

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____

Title: _____

Agency: _____

Producer Code: _____

Date: _____

*Signing this application does not bind the applicant or the company to complete the insurance.