



Machine Shops Supplemental Application

APPLICANT INFORMATION

NAMED INSURED

SOCIAL SECURITY NUMBER

FEIN

WEB ADDRESS

UNDERWRITING INFORMATION

1. Please list and describe any product made in the past three years and their intended use:

7. Does the insured work with materials other than metals, such as plastics or composites? YES NO
If yes, please explain.

2. Does the shop specialize in a type of production or a specific industry? YES NO
If yes, please explain.

8. Does the insured do any welding on the premises? YES NO
If yes, how is this area separated from the workshop?

3. What type of machine parts are made?

9. Does the insured do any welding off premises? YES NO

4. Are any machine parts made for manufacturers? YES NO
If yes, please explain.

10. Does the insured do any off-premise work such as products installation or repair? YES NO
If yes, please explain.

5. Are products manufactured to other's specifications or their own? YES NO

11. Does the insured prohibit smoking in the work area? YES NO

6. What production records are kept?

12. Are all flammable oils, solvents, etc. stored in UL-approved containers? YES NO

N.J. Law P.L. 1995, c. 132: Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

For PA Submissions:

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. The information in this application is correct to the best of my knowledge and belief.

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

_____	_____
Owner or Officer's Name	Agent's Name
_____	_____
Title	Agent's Signature Date
_____	_____
Owner or Officer's Signature Date	Expiring policy number, if applicable