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MACHINE SHOP SUPPLEMENTAL APPLICATION

This Supplemental Application along with all other requested Donegal Insurance Group Applications and/or ACORD Applications constitute the Application for Insurance.

A. APPLICANT INFORMATION

Applicant Name¹: _____ Web Site Address: _____
 Quote/Policy Number: _____ Date Quote Needed: _____
 Agency Name and Number: _____ Effective Date: _____

¹ Whenever used in this Application, the term "Applicant" includes all firm names, trading names, 'Doing Business As' (DBA) names, and if incorporated, the Parent Corporation and all of its subsidiaries, unless stated to the contrary in the Remarks section of this Application.

B. GENERAL INFORMATION

1. Describe the machine shop processes performed. _____

2. Please provide a list of the largest customers, type of product made, and end use of product:

Customer Name	Product Made	End Use of Product
_____	_____	_____
_____	_____	_____

C. OPERATIONS

	Yes	No		Yes	No
Assembly			Plastic Injection Manufacturing		
Casting			Powder Coating		
Electroplating			Precision Parts Machining-CNC		
Finishing (Plating/Anodizing/Other)			Rolling (Hot or Cold)		
Foundry or other Heated Metal Processing			Sheet Metal Forming		
Grinding			Spraying/Coating/Painting		
Laser Cutting			Stamping		
Machining			Turning-Lathe		
Metal Heat Treating			Welding		
Pattern/Mold Manufacturing			Other (Describe below)		

Describe any "yes" response: _____

D. PRODUCTS/COMPLETED OPERATIONS

- 1. Has the applicant ever manufactured or repaired products for use in the aerospace, automotive, watercraft, or medical industries? Yes No
- 2. What percentage of the applicant's work is doing repairs? _____
 - a. Are repairs ever made on the client's premises? Yes No
 - b. Are any products designed, sold, packaged, or made under the applicant's label? Yes No
If yes, please provide detailed description. _____
 - c. Are all parts/products manufactured 100% to customers' written specifications? Yes No
 - 1) If no, what percentage does the applicant design? _____
 - 2) Are customer designs and/or specifications ever modified without customer approval? Yes No
 - 3) Is CAD used for all design work? Yes No
 - 4) Does prospect obtain client signature on completed work? Yes No
 - 5) Are records maintained? Yes No
 - 6) How long? _____
- 3. Does the applicant provide any installation or servicing of products? Yes No
- 4. Are any subcontractors used? Yes No
 - a. If yes, do the subcontractors carry products coverage? Yes No
 - b. Does the applicant collect and maintain certificates of insurance on at least an annual basis? Yes No
 - c. Does the applicant require subcontractors to list them as an additional insured? Yes No

Please check yes or no to indicate whether the following are used in the applicant's operations.

- 5. Does applicant manufacture component parts/products to be used in someone else's product or are they final products? If final products, please explain. _____
- 6. If the applicant is making component parts/products, is the part/product critical to the operation of the finished product? If yes, please explain. _____
- 7. Any products designed, sold, packaged, or made under the applicant's label? If yes, please provide detailed description. _____

E. PROPERTY

- 1. Was this building designed to be a machine shop? Yes No
- 2. Was this building designed to handle the current electrical load? Yes No
If not, what specific upgrades have been made? Is the electrical system NFPA 70 National Electrical Code compliant? _____

	Yes	No		Yes	No
Aluminum			Lithium		
Beryllium			Magnesium		
Cadmium			Stainless Steel		
Composites			Titanium		
Imported raw materials			Tungsten		

3. What are the types and amounts of flammable or combustible materials (e.g., cutting oils, dusts, fuels, lint, paints, solvents) stored on the premises? _____
- a. Are all flammable or combustible materials, including compressed gas, stored in UL-approved containers and away from potential ignition sources? Yes No
 - b. Are all flammable or combustible materials removed from work areas where grinding, welding, or cutting equipment is used? Yes No
 - 1) How does the applicant dispose of any hazardous wastes such as cleaning solvents? Yes No
 - 2) Does the applicant maintain chain of custody documents? Yes No
 - 3) Does the prospect contract with a company to remove hazardous waste? Yes No
4. Is smoking confined to designated areas and strictly enforced? Yes No
5. Does the applicant have a blower or exhaust system for dust, stock and vapor removal, or conveying? If yes, is it in compliance with NFPA 91? Yes No
6. Which of the following applies to your processing machinery? (Check all that apply.)
- Mostly robotic CAM, or CNC-controlled Mostly manual
 - Custom-made/irreplaceable All machines are <25 years old Some machines >35 years old
7. Is surge protection provided? Yes No
 If yes, is it at the main electric service? On all computerized machinery? Yes No
8. Which of the following best describe facility and equipment inspection and maintenance procedures?
- a. Routine facility and equipment inspections
 - b. Manual preventative maintenance and tracing program
 - c. Computerized preventative maintenance tracking program
9. Does the applicant store finished goods for the customer? Yes No
 If yes, for how long? _____
10. Does the applicant do any on- or off-site welding? Yes No
 If yes, please describe? _____

F. WORKERS COMPENSATION

SAFETY PROGRAM ASPECTS Check the box for any controls in place. Provide details below or attach copies of written programs if desired.			
Accident Investigation Safety	<input type="checkbox"/>	OSHA-Certified Forklift Training	<input type="checkbox"/>
Designated Safety Coordinator	<input type="checkbox"/>	Other (Explain in Remarks)	<input type="checkbox"/>
Eyewash Station	<input type="checkbox"/>	Posted Physician Panels	<input type="checkbox"/>
Ladder Safety Training	<input type="checkbox"/>	Return to Work Program	<input type="checkbox"/>
Lockout/Tagout Procedure	<input type="checkbox"/>	Safety Committee	<input type="checkbox"/>
Machines guarded, shielded, grounded	<input type="checkbox"/>	Toolbox Safety Talks	<input type="checkbox"/>
Materials Handling Procedures	<input type="checkbox"/>	Written Safety Program	<input type="checkbox"/>

1. What is the average years of experience of your
 A. employees? _____ B. managers? _____
2. What Personal Protective Equipment is required?
- Eye protection Hearing protection Steel-toed boots Face protection