



Commercial Information Section

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

AGENCY: _____
AGENT NAME: _____
ADDRESS: _____

EMAIL: _____
PHONE: _____

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: _____ To: _____

12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Year business started:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises information:

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

5. Previous carrier and loss information (last five years):

Check if no losses last five years.

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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.

APPLICANT NAME AND TITLE: _____
(PRINT)

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

COMMERCIAL PROPERTY SECTION

6. Premises Information:

Loc #	BLD #	Exposure	Amount Requested	Coins. %	Monthly Limitation	ACV/Repl. Cost	Cause of Loss	Deductible	Occupied As
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Other	\$					\$	
		Other	\$					\$	
			\$					\$	
Loc #	BLD #	Mortgagee		Loss Payee					

Construction type: _____ **Year of Updates:** _____
 Protection class: _____ Wiring? Year: _____ Burglar alarm type: Local Central Station
 Number of stories: _____ Heating? Year: _____ Fire alarm type: Local Central Station
 Total square foot area: _____ Plumbing? Year: _____ Sprinklered? Yes No
 Year built: _____ Roof? Year: _____ Operable Smoke Detectors? Yes No

7. Premises Information:

Loc #	BLD #	Exposure	Amount Requested	Coins. %	Monthly Limitation	ACV/Repl. Cost	Cause of Loss	Deductible	Occupied As
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Other	\$					\$	
		Other	\$					\$	
			\$					\$	
Loc #	BLD #	Mortgagee		Loss Payee					

Construction type: _____ **Year of Updates:** _____
 Protection class: _____ Wiring? Year: _____ Burglar alarm type: Local Central Station
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**PLASTIC MANUFACTURING
QUESTIONNAIRE**

Applicant: _____

Processing methods used: Blow Molding Extrusion Injection Molding
 Compression Molding Thermoforming Lay up Molding
 Calendering Other: _____

Detailed description of manufacturing process:

Type of plastics: Type 1 (PVC, teflon, metamine, fomica & phonetics, other: _____)
 Type 2 (polyurethane, cellulose acetate & polypropylene, rubber, other: _____)
 Type 3 (cellulose nitrate, pyroxylin & nitrocellulose, other: _____)

Is process automated, computer-operated or manual? _____

Plastic resins used: Pellets Flakes Granules Powders Liquid Paste
 Other: _____

Are electrical equipment and wiring explosion proof? Yes No

Are all process equipment grounded and bonded? Yes No

Does the equipment have automatic shut off? Yes No

What is the age of the processing equipment? _____

Describe any obsolete, imported or custom-made equipment: _____

What is the inspection and servicing schedule for equipment (including conveyors, hydraulic lines, etc.)?

How often is the electrical equipment and wiring inspected and serviced by a licensed professional?

Are you in compliance with NFPA 70 on electrical codes? Yes No

Are you in compliance with NFPA 77 on static electricity? Yes No

Does the production machinery have dust tight seals and explosion venting? Yes No

Do you have trained in house fire brigade? Yes No

What is the response time from the Fire Department? _____

Do you have your own water source on site? Yes No

If yes, describe: _____

Do you have your own fire-fighting equipment on site? Yes No

If yes, describe: _____

Are there grinding or finishing operations? Yes No

If yes, is there a shield guard? Yes No

Please provide details on these operations:

Are there painting or laminating operations? Yes No

U/L approved paint booth? Yes No

If no paint booth, describe how it is controlled: _____

Are there welding operations? Yes No

If yes, are hot work permits obtained? Yes No

Storage of Raw Material:

Is storage of raw material separated from production or finished product? Yes No

If yes, by: Firewalls Separate Building Other: _____

What is the average size of stockpiles? _____

Storage of Chemicals, Flammables or Solvents, etc.:

Is storage separated from all other operations? Yes No

If yes, by: Firewalls Separate Building Other: _____

What additives and catalysts are used? _____

What other flammables, chemicals or solvents are used? _____

Quantity of each? _____

Container type, size and number of gallons? _____

Are Material Data Safety Sheets on file and available? Yes No

Finished product: _____

Are all 55 gallon drums storing chemicals properly grounded? Yes No

Is only a single day's supply stored on the premises? Yes No

If no, how much? _____

Is storage area properly ventilated? Yes No

If no, what kind of ventilating is used? _____

Are you in compliance with NFPA 30 standards? Yes No

Storage of Finished Product:

Is storage of finished products separated from the production area? Yes No

If yes, by: Firewalls Separate Building Other: _____

What is the average size of the stockpiles?
