

Metalworkers supplemental application

APPLICANT INFORMATION

Agency Name: _____

Agency Code: _____

Applicant: _____

Mailing Address: _____

Policy Effective Date: _____ Website Address: _____

Industries Served (% Sales)

1. Aircraft/Aerospace _____%, Automotive _____%, Building Materials _____%, Consumer/Household Goods _____%, Defense _____%, Energy _____%, Fire Arms _____%, Food/Beverage _____%, Marine _____%, Medical/Pharma _____%, Petro/Chemical _____%, General Industry/Machinery (List) _____%, Other _____%
- a. Are there any plans to grow or shrink industries served? ☐ Yes ☐ No
If yes, which ones? _____
- b. Who are your top three customers (Name and % of sales)? _____
- c. Are there any specialty coverages in place (e.g., Aircraft Products, Product Recall, Manufacturing E&O)? ☐ Yes ☐ No
If yes, please list the special coverages/limits: _____
- d. Customer retention: Repeat customers _____ % sales New customers _____ % sales

Processes

1. Which process/machinery does your company perform or use? (Check all that apply)
☐ Alloying ☐ Assembly ☐ Casting ☐ Electrical Discharge ☐ Machining ☐ Extrusion ☐ Forging ☐ Foundry ☐ Grinding
☐ Iron or Steel Mill ☐ Laser Cutting ☐ Lathe Turning ☐ Machining ☐ Refining ☐ Rolling-Hot ☐ Rolling-Other
☐ Sheet Metal Forming ☐ Smelting ☐ Stamping ☐ Wire Drawing ☐ Other _____
2. Do operations include the processing of any of the following Superalloys? (Check all that apply)
☐ Hastelloy ☐ Waspaloy ☐ Nitronic ☐ Beryllium Copper ☐ Inconel

Special Hazards & Controls

1. Special Hazards (Check all that apply)
 - a. ☐ Hot Work (Cutting, Welding): % Factory floor space _____
☐ Routine manufacturing operation ☐ Maintenance and Repairs only Permit required
☐ Manual process in designated work stations ☐ Automated process on CNC machines
 - b. ☐ Finishing (Spray Painting, Powder Coating, Dip Tanks, Heat Treating): % Factory floor space _____
☐ Solvent-based spray finishing ☐ Powder-based spray finishes ☐ Open area spray finishing
☐ Number of spray booths _____ Number of powder coating booths _____
 Number of continuous spray painting or powder coating lines _____
 All spray and powder coating booths are UL-approved? ☐ Yes ☐ No
☐ Number of dip tanks _____ UL-approved? ☐ Yes ☐ No
 Describe use of dip tanks _____

- c. ☐ Electroplating/Anodizing: % Factory floor space _____
☐ Performed in a designated area or room ☐ Plastic plating tanks Metal plating tanks
☐ Electric immersion heaters ☐ Direct gas fired tube heaters ☐ Indirect heating
☐ Tanks are equipped with temperature controls
- d. ☐ Hot Rolling, Extrusion and Forging: Hot rolling, Hot extrusion, Hot, Warm and Cold forging
☐ Protected by water-based sprinklers ☐ Done in a cutoff room
- e. ☐ Flammable/Combustible Liquids
Gallons stored _____ ☐ No special storage requirements apply
☐ UL listed flammable liquid storage cabinets ☐ Flammable liquid storage room Sq. ft. _____
☐ Other (please describe) _____
- f. ☐ Combustible Dusts
Do your operations include the processing of any of the following metals?
☐ None ☐ Aluminum ☐ Titanium ☐ Beryllium ☐ Magnesium ☐ Cadmium ☐ Tungsten ☐ Lithium ☐ Zirconium
Please describe operation: _____
How is combustible dust controlled?
☐ Dust collection system ☐ System vents outside building ☐ Spark arrestors in ducts
☐ Sprinklers ☐ Housekeeping Employee training
- g. ☐ Ovens/Furnaces
Number of units _____ Operating Temp _____ Hours of operation _____
Fuel Source: ☐ Gas ☐ Electric Type: ☐ Batch Ovens ☐ Continuous Ovens
- h. ☐ Storage
Storage Height _____ ft. ☐ Storage Racks ☐ High Pile (On pallets on floor)

2. Private Protection: (Check all that apply)

Location Address: _____ Hours in operation per day _____ Days in operation per week _____

- a. ☐ Automatic Sprinkler System
☐ None ☐ Wet ☐ Dry ☐ Other Percentage of facility sprinklered _____%
If coverage is less than 100% describe non-covered areas _____
- b. ☐ Fire Alarms
☐ Heat or smoke detection ☐ Sprinkler water flow and valve tamper
☐ Local monitoring ☐ Central Station (constantly monitored)
Percentage of facility covered by alarms _____%
If coverage is less than 100% describe non-covered areas _____
- c. ☐ Security Alarms
☐ Exterior access points ☐ Motion detection ☐ Key card access ☐ CCTV
☐ Local monitoring ☐ Central Station (constantly monitored)
Other, please describe _____

Facility and Equipment—General Information

1. Property replacement cost estimate (Manufacturing facilities)

Loc#	Street Address	City	Building Est	Machinery and Equip Est	Stock Est	Business Income Est

2. Building Updates—year of most recent updates
Roof _____ Electrical _____ Plumbing _____ HVAC _____
3. Check all that apply to your process machinery
☐ Mostly robotic ☐ CAM or CNC controlled ☐ Mostly manual.
☐ All machines are less than 25 years old ☐ Some machines are greater than 35 years old.
 Is there any foreign sourced machinery that requires long lead times for replacement? ☐ Yes ☐ No
 If yes, please list machines/country of origin/Est lead time _____

4. Which of the following best describe facility and maintenance procedures?
☐ Routine facility and equipment inspections ☐ Manual preventative maintenance tracking program
☐ Computerized preventative maintenance tracking program

Staff

1. What is the percentage of staff turnover? _____%
2. Machinery operators have technical certifications or OEM training? ☐ Yes ☐ No
3. Welders are American Welding Society (AWS) certified? ☐ Yes ☐ No
4. Do you have workers in your facility who are not employed by you, working through a temp agency, employee leasing firm or PEO? ☐ Yes ☐ No
5. If Yes, do you have contracts with the employer that hold you harmless? ☐ Yes ☐ No

Design Procedures

1. Which of the following describe your product design operations and procedures?
☐ Work to customer specifications ☐ Products designed by degreed engineers
☐ CAD software is used ☐ Products evaluated and prototypes tested for durability and safety
☐ Products designed to recognized standards (OSHA, ANSI, ASTM, etc)
☐ Hazard analysis includes foreseeable uses and misuses

Quality Control

1. Percent of products: Parts and components _____ % Finished products _____ %
2. List all ISO or similar product quality certifications _____
3. How do you validate the quality of your products? (Check all that apply)
☐ SPC Written QC program ☐ In process measurement and testing ☐ End process testing
☐ Testing on statistically credible sample ☐ Third party or customer testing
4. Percent of sales from non-domestic products made elsewhere _____%
 Describe products imported, source countries and % sales: _____

5. How do you validate the quality of products and services supplied to you? (Check all that apply)
☐ Inspection ☐ Testing ☐ You receive COAs or Mill certs ☐ You have a Master Contract with major suppliers.
 Your master contract requires suppliers to:
☐ Indemnify you for losses caused by their products
☐ Make you an Additional Insured on their policy
☐ You use purchase orders with your contract printed on the back You accept contracts from suppliers
6. Does the customer provide sign-off when products are delivered that confirms the products meet their specifications? ☐ Yes ☐ No

Traceability/Record Keeping

1. How can your products be identified post sale? (Check all that apply)
☐ All products have unique ID or batch numbers ☐ Markings can't be effaced or removed from durable products
☐ All parts and services can be traced back to suppliers ☐ All finished products can be traced to customers
2. How long do you keep design, sourcing, production and testing records? _____

Warning Labels and Instructions

Please answer if you make finished products that go directly to distributors or retailers. If you do not, please skip this section.

1. Warning labels are: (Check all that apply)
☐ Clearly displayed ☐ Hard to remove ☐ Comply with ANSI standards
☐ Instructional materials are reviewed by qualified legal experts

Off-Premises Operations

1. What is percentage of revenues for manufacturing vs. installation/service/repair
Manufacturing ____% Installation/service/repair ____%
Are any of these operations subcontracted out? ☐ Yes ☐ No

If yes, please describe _____
2. Are contracts reviewed for acceptability of indemnity and insurance requirement provisions? ☐ Yes ☐ No
3. What insurance limits are subcontractors required to secure and maintain? _____

International Exposures

1. Is there a foreign parent, subsidiaries, or entities? ☐ Yes ☐ No
Countries domiciled _____
2. Are there any foreign manufacturing operations including warehouses, distributors, office locations, service centers? ☐ Yes ☐ No
Operations/Countries domiciled _____
3. Are any products exported outside the US? ☐ Yes ☐ No
Est Sales/Countries? _____
4. Any foreign travel? ☐ Yes ☐ No
Number of trips annually ____ Countries? _____

Workers Compensation—Employee Safety (Check all that apply)

1. **Hiring:** Which of the following applies to your employee placement procedures?
☐ Written job descriptions ☐ Written job descriptions with physical job demands
☐ Post-offer physical exams ☐ Post-offer drug testing
2. **Safety Programs:** Written safety programs include which of the following?
☐ Policy Statement ☐ Lockout Tagout ☐ Machine Guarding ☐ Confined Space Entry ☐ PPE Use
☐ Slip/Trip/Fall — Housekeeping ☐ Lifting/Ergonomics ☐ Forklifts ☐ Hazard Communication
Safety program is administered by? _____
3. **Safety Training:** Which of the following applies to your employee training programs?
☐ Formal new hire orientation ☐ Documented training in the above Safety programs as applicable
☐ Accident Reporting and Investigation ☐ Supervisors have completed OSHA 10 or 30 hour training for General Industry

Workers Compensation—Claim Management (Check all that apply)

1. **Accident Investigation:** Which of the following applies to your accident investigation process?

☐ Written program ☐ Documentation of follow up ☐ Includes root cause analysis

☐ Management/Safety Committee Review Timeline for corrective actions

2. **Return To Work (RTW):** Which of the following applies to your return to work program?

☐ Written program ☐ Program includes descriptions of transitional jobs ☐ Descriptions of transitional jobs include physical demands

3. **Medical Management:** Have company medical facilities been identified?

☐ Yes ☐ No

If Yes, what is the name of the medical facility?: _____

Are identified medical facilities arrangements communicated to employees? ☐ Yes ☐ No

DECLARATION AND SIGNATURE

Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all Insureds from the entity or their authorized representative(s) concerning this insurance.

Named Individual: _____

Title/Position: _____ **Date:** _____

Attestation

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind The Hanover Insurance Group, Inc. to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

Signature of Authorized Entity Representative: _____ **Date:** _____



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