/ SUPPLEMENTAL APPLICATION

Manufacturing Supplemental

Manufacturing processes, property, and product exposures.

> Please complete this supplement in full and return it with a signed ACORD application. Submit to submissions@hedgespecialty.com or through the Hedge broker portal. Answer every question — incomplete applications delay quoting.

GENERAL INFORMATION

NAMED INSURED / APPLICANT

DBA / TRADE NAME

BROKERAGE / BROKER

AGENCY / AGENT

PROPOSED EFFECTIVE DATE

NEW OR RENEWAL?

POLICY / QUOTE NUMBER

FEIN

ENTITY TYPE (LLC, CORP, ETC.)

YEARS IN BUSINESS

YEARS UNDER CURRENT MGMT

EMPLOYEES (FT / PT)

PRODUCTS MANUFACTURED / PROCESSES

WEBSITE

MAILING & RISK ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

OF LOCATIONS

PRIMARY RISK / PREMISE ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

COUNTY

CONTACTS

PRIMARY CONTACT NAME

TITLE

EMAIL

PHONE

AUDIT / INSPECTION CONTACT

INSPECTION PHONE

INSPECTION EMAIL

CURRENT / EXPIRING CARRIER INFORMATION

CURRENT / EXPIRING CARRIER

POLICY NUMBER

ANNUAL PREMIUM $

LIMIT(S) OF INSURANCE

DEDUCTIBLE / SIR

RETROACTIVE DATE (IF ANY)

Is the current carrier offering renewal? ☐ YES ☐ NO

Is the expiring / current coverage written on a claims-made basis? ☐ YES ☐ NO

OPERATIONS OVERVIEW

PRIMARY PRODUCT LINE / WHAT IS MANUFACTURED

YEARS PRODUCING THIS LINE

% MANUFACTURER | % DISTRIBUTOR / RESELLER | % ASSEMBLER | % JOB SHOP (TO CUSTOMER SPEC) | % REPAIR / REWORK

% OPERATIONS IN-SHOP | % OFF-SITE / MOBILE | % INSTALLATION | % SOLD UNDER OWN LABEL / TRADEMARK

% MADE TO CUSTOMER'S DIAGRAMS / BLUEPRINTS / SPECS

% MADE TO APPLICANT'S OWN ENGINEERED DESIGNS

1. Does the applicant specialize in a specific process or product? ☐ YES ☐ NO
   IF YES, DESCRIBE

2. Does the applicant manufacture or sell any product under its own label or trademark? ☐ YES ☐ NO
   DESCRIBE LABEL / BRAND

3. Has the scope or type of products / processes changed in the past 5 years? ☐ YES ☐ NO
   DESCRIBE CHANGE

4. Are any new products to be introduced during the next 12 months? ☐ YES ☐ NO
   DESCRIBE NEW PRODUCTS

5. Are any products manufactured by others and resold / distributed under the applicant's name? ☐ YES ☐ NO
   IF YES, % OF RECEIPTS

6. Can the applicant's products be identified / distinguished from those of competitors? ☐ YES ☐ NO

7. Is the applicant a component supplier whose part is incorporated into another manufacturer's finished product? ☐ YES ☐ NO
   DESCRIBE COMPONENT AND END PRODUCT

PRODUCTS MANUFACTURED / DISTRIBUTED

List the principal products in descending order of revenue. % sales must total 100%.

Product Schedule

PRODUCT / PART MADE OR WORKED ON	% OF SALES	END USE / APPLICATION	SOLD TO (OEM / DISTRIBUTOR / RETAIL / CONSUMER / GOVT)	MODE OF SHIPMENT (COMMON CARRIER / DIST

PRODUCT / PART MADE OR WORKED ON	% OF SALES	END USE / APPLICATION	SOLD TO (OEM / DISTRIBUTOR / RETAIL / CONSUMER / OTHER)	MODE OF SALE (DIRECT / DIST

PROCESSES & OPERATIONS

Processes performed on premises (check all that apply)

- ☐ Machining / CNC
- ☐ Welding / cutting
- ☐ Plastics / injection molding
- ☐ Woodworking
- ☐ Painting / coating
- ☐ Powder coating
- ☐ Chemical processing / mixing
- ☐ Food / consumable processing
- ☐ Assembly only
- ☐ Foundry / casting
- ☐ Heat-treating
- ☐ Electroplating / metal finishing
- ☐ Spray booth
- ☐ Stamping / forming
- ☐ Grinding / polishing
- ☐ Soldering / brazing
- ☐ Dust-generating operations
- ☐ Hazardous-material handling
- ☐ None of the above

8. Does the applicant perform any heat-treating, electroplating, anodizing, or metal-finishing operations? ☐ YES ☐ NO

DESCRIBE PROCESS AND CHEMICALS USED

9. Does the applicant use, or has it ever used, beryllium, lead, or other heavy-metal alloys? ☐ YES ☐ NO

DESCRIBE MATERIAL, PRODUCTS, AND YEARS USED

10. Does the applicant perform any design, engineering, or consulting services for a fee? ☐ YES ☐ NO

IS SEPARATE PROFESSIONAL / E&O CARRIED?

11. Are any installation, service, or repair operations performed off the applicant's premises? ☐ YES ☐ NO

DESCRIBE OFF-SITE OPERATIONS

12. Does the applicant hire subcontractors to perform any work on its behalf? ☐ YES ☐ NO

DESCRIBE SUBCONTRACTED OPERATIONS

13. Are certificates of insurance collected from all subcontractors, and are they required to defend, indemnify, and hold the applicant harmless? ☐ YES ☐ NO

14. Does the applicant carry workers' compensation on its own employees? ☐ YES ☐ NO

END-USE INDUSTRY CATEGORIES

Indicate whether any of the applicant's products are used in or sold into the following.

Products used in / sold into (check all that apply)

- ☐ Aviation / aerospace / drones
- ☐ Firearms / ammunition
- ☐ Motor vehicles
- ☐ Watercraft / marine
- ☐ Railroad equipment
- ☐ Construction machinery
- ☐ Industrial machinery / parts
- ☐ Farm machinery
- ☐ Mining / logging equipment
- ☐ Cranes / hoists / jacks / lifting
- ☐ Ladders / scaffolds
- ☐ Elevators / escalators
- ☐ Conveyors
- ☐ Pressure vessels / tanks / boilers
- ☐ Industrial valves / pumps
- ☐ Hydraulics
- ☐ Robotics
- ☐ Building materials — structural
- ☐ Building materials — nonstructural
- ☐ Fire suppression systems
- ☐ Safety / fall-protection equipment
- ☐ Playground / amusement equipment
- ☐ Exercise / fitness equipment
- ☐ Medical / pharmaceutical
- ☐ Nuclear power equipment
- ☐ Electric power generation
- ☐ Energy sector / oil & gas / offshore
- ☐ Chemical industry equipment

☐ Aerosol containers ☐ Military / defense ☐ Food contact / consumable ☐ None of the above

IF ANY CATEGORY INDICATED, DESCRIBE THE PRODUCT(S) AND THEIR USE

Gross Sales, Payroll & Subcontract Cost — Five-Year History

EXPOSURE	UPCOMING YR (EST.) $	LAST 12 MONTHS $	1 YEAR PRIOR $	2 YEARS PRIOR $	3 YEARS PRIOR $
Gross Sales / Receipts					
Employee Payroll					
Subcontractor Cost					

% SALES IN UNITED STATES | % SALES OUTSIDE US / TERRITORIES / CANADA | % EXPORT SALES

PLANT & PREMISES DETAIL

TOTAL BUILDING SQUARE FOOTAGE | MANUFACTURING / PLANT SQ FT | OFFICE / WAREHOUSE SQ FT | # OF LOCATIONS

EMPLOYEES (FT / PT) | # PRODUCTION / PLANT EMPLOYEES | # SHIFTS PER DAY | DAYS OPERATED / WEEK

YEAR BUILT | CONSTRUCTION TYPE | # STORIES | OWNED OR LEASED

PROPERTY & FIRE PROTECTION

BUILDING TIV $ | CONTENTS / EQUIPMENT / STOCK TIV $ | LARGEST SINGLE MACHINE VALUE $ | PROTECTION CLASS / ISO

15. Is the building fully sprinklered, and is the system inspected/serviced on a documented schedule? ☐ YES ☐ NO

16. Is there a central-station-monitored fire and burglar alarm? ☐ YES ☐ NO

17. Are all production machines fitted with proper guarding (point-of-operation, e-stops, lockout/tagout)? ☐ YES ☐ NO

18. Is there a documented preventive-maintenance (PM) program for machinery and equipment? ☐ YES ☐ NO

19. Are flammable / combustible liquids stored in approved cabinets or a dedicated room with proper ventilation? ☐ YES ☐ NO

GALLONS STORED ON SITE

20. Are dust-generating operations served by a dust-collection system compliant with NFPA (652 / 654 / 484) combustible-dust standards? ☐ YES ☐ NO

DESCRIBE DUST CONTROLS

21. Are spray-painting / coating operations performed in a listed spray booth with proper ventilation and suppression? ☐ YES ☐ NO

DESCRIBE BOOTH AND SUPPRESSION

22. Are hot-work permits, fire watches, and proper extinguishers in place where welding/cutting occurs? ☐ YES ☐ NO

23. Is any work performed in oil & gas / energy / offshore environments? ☐ YES ☐ NO

% OF SUCH OPERATIONS

IMPORT / EXPORT & FOREIGN EXPOSURE

24. Does the applicant import any finished products or component parts? ☐ YES ☐ NO

DESCRIBE PRODUCTS, COMPONENTS, AND COUNTRIES OF ORIGIN

25. If products are imported / distributed, has the applicant been granted Additional-Insured Vendor status on the manufacturer's product-liability policy? ☐ YES ☐ NO

26. Is that manufacturer's policy written by a domestic / US-based carrier? ☐ YES ☐ NO

27. Does the applicant maintain a foreign liability policy? ☐ YES ☐ NO

CARRIER AND LIMITS

28. Does the applicant export products outside the US, its territories, or Canada? ☐ YES ☐ NO

COUNTRIES AND % OF SALES

PRODUCT TESTING, STANDARDS & CERTIFICATIONS

QUALITY / STANDARDS CERTIFICATIONS HELD (ISO 9001, AS9100, TS 16949, ETC.)

ISO 9001 CERTIFIED? (Y/N)

Products are designed / tested to (check all that apply)

- ☐ Customer's specifications
- ☐ Licensed / degreed engineers
- ☐ CAD for all design work
- ☐ Industry standards (ANSI / MIL / UL / ASTM)
- ☐ Designs evaluated for safety & product life
- ☐ Designated QC personnel
- ☐ Independent test laboratory
- ☐ Government agency
- ☐ Customer acceptance test
- ☐ None

QUALITY CONTROL & RECORDS

29. Does the applicant maintain a formal, written quality-assurance / quality-control and testing program? ☐ YES ☐ NO

HOW LONG ARE QC RECORDS KEPT?

30. Is product inspected by an independent third party before shipment? ☐ YES ☐ NO

31. Is the customer responsible for inspecting / accepting the product prior to final acceptance? ☐ YES ☐ NO

32. Are batch / lot / serial numbers (and warranty/guarantee cards) maintained on finished product and shipment records? ☐ YES ☐ NO

33. How long are batch / product records retained? ☐ YES ☐ NO

RETENTION PERIOD

34. Are samples of products retained as part of the QC process? ☐ YES ☐ NO

35. Does the applicant apply warning labels to finished products? ☐ YES ☐ NO

ARE LABELS REVIEWED BY LEGAL COUNSEL?

36. Does the applicant use a standard written client / sales contract that defines responsibilities? ☐ YES ☐ NO

37. Do supplier agreements require the supplier to indemnify the applicant and name it as additional insured for defective products / services? ☐ YES ☐ NO

38. Has the applicant discontinued any product or product line in the past 5 years? ☐ YES ☐ NO

DESCRIBE AND REASONS

39. Has any product been self-insured, uninsured, or excluded from prior coverage? ☐ YES ☐ NO

RECALL

40. Does the applicant have a written product-recall plan in place? ☐ YES ☐ NO

41. Does the applicant carry Product Recall insurance? ☐ YES ☐ NO

42. Has the applicant ever had — or considered — a product recall, withdrawal, or known/suspected defective product? ☐ YES ☐ NO

IF YES, COMPLETE THE DETAIL BELOW

43. Are there any present situations or circumstances that might give rise to a recall or a claim? ☐ YES ☐ NO

DESCRIBE

44. Has the applicant been cited by any regulatory agency (CPSC, FDA, OSHA, etc.) for violations? ☐ YES ☐ NO

45. Has the applicant had any product-liability claim that was not covered by insurance (paid out of pocket)? ☐ YES ☐ NO

RECALL DATE(S) | RECALL TYPE (VOLUNTARY / ORDERED) | ORDERING AGENCY (IF ORDERED)

PRODUCT(S) INVOLVED, REASON / HOW DISCOVERED, REMEDY, AND % OF GOODS RETURNED OR REPAIRED

Means used to secure the return and disposal of recalled product

COVERAGE REQUESTED

GL EACH-OCCURRENCE | GENERAL AGGREGATE

PRODUCTS / COMPLETED-OPERATIONS AGGREGATE | PROPERTY TIV $

PROPERTY DEDUCTIBLE | EQUIPMENT BREAKDOWN LIMIT

GL / PRODUCTS DEDUCTIBLE OR SIR

EXCESS / UMBRELLA LIMIT (IF ANY)

REQUESTED EFFECTIVE DATE

LOSS HISTORY

List all claims and losses for the past 5 years, regardless of fault or payment. Attach currently-valued (within 90 days) loss runs for all lines.

46. Has the applicant had any claims, losses, or incidents in the past 5 years? ☐ YES ☐ NO

47. Are there any known incidents, facts, or circumstances that may result in a claim? ☐ YES ☐ NO

48. Has any coverage been declined, cancelled, or non-renewed in the past 5 years? ☐ YES ☐ NO

Loss Detail

DATE OF LOSS	LINE / COVERAGE	CLAIMANT	DESCRIPTION	PAID $	RESERVED $	STATUS (O/C)

APPLICANT STATEMENT & SIGNATURE

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 (in some states a fine and/or imprisonment). The applicant represents that the statements and answers given are true, complete, and accurate to the best of their knowledge and will be relied upon by the insurer. Completion of this application does not bind coverage.

SIGN

DATE

SIGNATURE OF APPLICANT

PRINTED NAME

TITLE

PRODUCER / AGENCY

HEDGE SUBMISSION #