



Manufacturers Supplemental Application

General Information:

Applicant Name: _____ Website Address: _____
Quote/Policy Number: _____ Date Quote Needed: _____
Agency Name & Number: _____ Effective Date: _____

General Underwriting:

1. Do you/or have you manufactured products for any of the industries listed below? ___Yes ___No

Aerospace	Medical/Healthcare
Aircraft/Aviation	Military
Alarm/Security	Nuclear
Automotive/Motorized Vehicles	Petro-chemical
Chemical	Pharmaceutical
Sanitation	Baby/Infant Clothing/Formula/Food/Furniture

If yes, please describe: _____

2. Do you or have you ever manufactured *any* of the following products? ___Yes ___No

Gun parts & ammunition	Pipes, tubes
Industrial machinery	Pressure vessels
Machine guards	Sports Equipment
Medical products	Tanks, including below ground
Toys or infant products	Valves

3. Does your or has your manufacturing process ever included any of the listed operations? ___Yes ___No

Heat treating or electroplating for others
Casting, foundries or rolling mills
Use of magnesium, beryllium, titanium, lead, mercury or zirconium
Smelting or refining
Organic peroxides
Oil Quenching

4. Is the insured a subsidiary, affiliate or associated company of another entity? Yes No
If yes, please provide name(s) and a description of the relationship: _____

5. Has the insured been active or have any future plans to be active in any mergers
acquisitions, partnerships, or joint ventures with other firms? Yes No

Property Underwriting:

1. Is your entire building(s) protected by an automatic sprinkler system? Yes No
If No, what percentage of the building's floor area/of each building's floor
area is not protected by an automatic sprinkler system? _____%
and how is non-sprinklered part of the building being used? _____

2. Does the insured have any specialized or difficult to replace machinery and/or
equipment? Yes No

3. If appropriate for your operations, is the risk equipped with an approved dust collection
system? Yes No

4. Is spray painting done? Yes No
If yes,
a. Is a spray booth provided? Yes No
b. Is the spray booth in compliance with NFPA 33? Yes No

5. Are flammable liquids stored or used? Yes No
If yes,
a. Are the flammables stored and handled in accordance with NFPA 30? Yes No
b. If bulk storage is in a detached building or structure, give the distance
(feet) from main building: _____

6. Do you use the service of an EPA approved contractor for hazardous waste disposal ? Yes No

7. Does the height of combustible raw materials, combustible stock, and combustible
packaging material exceed twelve (12) feet? Yes No

8. Any idle Pallets Storage Yes No
If yes,
a. Are any pallets stored inside building? Yes No
b. If stored outside, are all pallets stored a minimum of 50 ft. away from
the building? Yes No

Liability Underwriting:

1. Do you directly import any products including component parts? Yes No
If yes, please describe: _____
2. Are you participating in the research and development of any new products or planning any new products for sale in the next 12 months? Yes No
If yes, please describe: _____
3. Has any product been uninsured, self-insured or excluded from any previous coverage and or been subject to a product recall? Yes No
If yes, please describe: _____
4. Do you ever develop plans, designs, or specifications for any product(s) for others? Yes No
If yes, is the customer required to provide written acceptance/approval of such plans, designs, or specifications and the finished products? Yes No
5. Do you ever service, repair, rebuild, or re-label products which you did not manufacture? Yes No
6. Have/Do others manufacture, assemble, package, or install products under your name or label (including any foreign-made products)? Yes No
If yes, please describe: _____
7. Have/Do you manufacture, assemble, package, or install products for others under their name or label? Yes No
If yes, please describe: _____
8. Do you require certificates from your suppliers, subcontractors or distributors evidencing products liability insurance? Yes No
9. If you do not design your product, do you require certificates from the product designer evidencing errors & omissions insurance? Yes No
If yes, Do you have a sign-off procedure? Yes No
10. Do you provide hold-harmless agreements? Yes No
If yes, please describe: _____
11. Are warning and/or instruction labels required for any products? Yes No
If yes, are they reviewed by legal counsel? Yes No
12. Have you discontinued or are you considering discontinuing any product(s)? Yes No
If yes, please list all such products: _____
13. Have you/Do you have a formalized product recall program? Yes No

Liability Underwriting continued:

14. Are any of your products subject to Federal or State Regulatory authorities having the authority to order a recall? Yes No

16. Do you have a formalized Quality Control & Testing program? Yes No

If yes,

a) Are the Quality Control & Testing records maintained Yes No

If yes, for how long? _____

b. Do the records include the date the product was manufactured and the batch or series? Yes No

17. Do you operate a retail or wholesale outlet for your product? Yes No

If yes, please provide % of the total sales: _____

a. Is it on or off premises? _____

18. Please list all of the products manufactured by the insured, past and present:

IMPORTANT NOTICE TO ALL APPLICANTS:

THE APPLICANT REPRESENTS THAT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION OR BELIEF, THE STATEMENTS AND FACTS MADE IN THIS APPLICATION / SUPPLEMENTAL APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS OR INFORMATION HAVE BEEN SUPPRESSED, OMITTED OR MISSTATED. FURTHERMORE, THE APPLICANT ACKNOWLEDGES A CONTINUING OBLIGATION TO NOTIFY THE PENN MILLERS INSURANCE COMPANY IN WRITING AS SOON AS PRACTICABLE, IF THERE IS A MATERIAL CHANGE IN ANY OF THE STATEMENTS OR FACTS MADE IN THIS APPLICATION / SUPPLEMENTAL APPLICATION WHICH THE APPLICANT BECOMES AWARE OF AFTER THE DATE THIS APPLICATION / SUPPLEMENTAL APPLICATION IS SIGNED. IF THE MATERIAL CHANGE OCCURS OR BECOMES KNOWN BETWEEN THE DATE THIS APPLICATION / SUPPLEMENTAL APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE INSURANCE FOR WHICH THIS APPLICATION/SUPPLEMENTAL APPLICATION HAS BEEN COMPLETED, THE PENN MILLERS INSURANCE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND INSURANCE. IT IS AGREED THAT THE STATEMENTS, FACTS AND INFORMATION CONTAINED IN THIS APPLICATION / SUPPLEMENTAL APPLICATION SHALL BE THE BASIS FOR ANY INSURANCE POLICY ISSUED OR COVERAGE PROVIDED.

THE SIGNING OF THIS APPLICATION / SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE THE INSURANCE FOR WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION HAS BEEN

COMPLETED, NOR DOES THE REVIEW OF THIS APPLICATION / SUPPLEMENTAL APPLICATION BIND THE INSURANCE COMPANY, TO WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION IS BEING MADE, TO ISSUE SUCH INSURANCE.

IMPORTANT NOTICE TO ALL APPLICANTS REGARDING INSURANCE INFORMATION PRACTICES:

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. SPEAK WITH YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

NOTICE TO ALL APPLICANTS (EXCEPT OHIO, PENNSYLVANIA, TENNESSEE AND VIRGINIA): ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO ALL PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALL TENNESSEE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

Applicant's Printed Name

Applicant's Signature

Date

Agent's Signature

Date