

Named Insured: \_\_\_\_\_

Agent Name and Phone: \_\_\_\_\_ Effective Date: \_\_\_\_\_

1. Is there an automatic sprinkler system?  Yes (if yes please answer questions (a)-(h))  No (if no please skip to question 2.)
- (a) If yes, \_\_\_\_\_ % of the building is sprinklered?  
(b) If less than 100% of the building is sprinklered, what portion is sprinklered? \_\_\_\_\_  
(c) Age of sprinkler system: \_\_\_\_\_  
(d) Type of sprinkler system  Wet  Dry  Other (Describe) \_\_\_\_\_  
(e) Was sprinkler installed for present occupancy?  Unknown  Yes  No  
(f) Name of company contracted to perform sprinkler system inspection, testing and maintenance.

- (g) How often is the sprinkler system maintenance and inspection performed?  
 Monthly  Quarterly  Semi Annually  Annually
- (h) Are sprinkler alarms installed?  Yes  No  
If yes  Water Flow  Valve Closure

2. What types of alarms protect the premises? (check all applicable)
- Local  Smoke Detection  
 Central Station (constantly monitored)  Heat Detection  
 Burglar  Motion Detection  
 Other (Describe) \_\_\_\_\_

3. How is dust controlled in dust producing operations? (Check all that apply)
- Dust Collection System  General Housekeeping  Non-Dust Producing Operation

4. What type of housekeeping program is in place?  
 Formal Written  Informal  As Needed

5. Do you use flammable liquids, or other materials that require special storage practices?  Yes  No

(a) Quantities stored on Premises \_\_\_\_\_

(b) How are they stored?

- UL Listed Storage Cabinet  A Separate Storage Room Designed for Flammable Liquids  No Special Storage Requirements Apply  Other, please describe: \_\_\_\_\_

6. For storage of raw materials, finished stock, and packaging materials:

- (a) Give total square feet for storage \_\_\_\_\_ square feet  
(b) Does the height of storage exceed 12 feet? If yes, please describe: \_\_\_\_\_  Yes  No  
(c) If the storage exceeds 12 feet, are the storage racks equipped with in-rack sprinklers?  Yes  No  
(d) Are the shelving racks:  Solid  Open

7. Do you have spray booths or dip tanks? If yes, please describe the protection:  Yes  No

8. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards?  N/A  Yes  No

9. What type of business continuance plan is in place?  Formal  Informal  No Plan is Needed

10. Are Certificates of Insurance obtained from major/critical suppliers, contractors, or subcontractors?  Yes  No

11. If you do not design your product, do you require certificates evidencing design or architects and engineers errors & omissions insurance?  Yes  No

12. Is Vendors coverage obtained from major/critical suppliers (finished product manufactured by others)?  Yes  No

13. Does your company perform any delivery, installation, service or repair of products? If  N/A  Yes  No  
 yes, please describe: \_\_\_\_\_

14. Does your company: (Check all that apply)  
 Design it's Own Products  Manufacture to Customer Specs  
 Design for Others  Consult Customers on Products Design  
 Require sign off on Design work for others

15. Do you directly import any products including component parts? If yes, please explain:  Yes  No  
 \_\_\_\_\_

16. Are you participating in the research and development of any new product or planning any new products for sale in the next 12 months? If yes, please explain:  Yes  No  
 \_\_\_\_\_

17. Has any product been self-insured, uninsured, or excluded from any previous coverage? If yes, please explain:  Yes  No  
 \_\_\_\_\_

18. Do you ever service, repair, or rebuild products which you did not manufacture?  Yes  No

19. Do others manufacture, assemble, package, or install products under your name or label (including any foreign-made products)? If yes, please explain:  Yes  No  
 \_\_\_\_\_

20. Do you manufacture, assemble, package, or install products for others under your name or label?  Yes  No

21. Have you discontinued or are you considering discontinuing any products(s)? If yes:  
 (a) Did the discontinued products meet the industry standards that were in effect at the time of manufacture?  Yes  No  
 (b) Please describe product(s) and list reason(s) for discontinuance?

Product(s)	Reason(s)

22. Do you have a specific program to withdraw known or suspected defective products from the market?  Yes  No

23. Have any of your products been subject to a voluntary recall? If yes, please explain:  Yes  No  
 \_\_\_\_\_

24. Are written quality control records and testing procedures followed?  Yes  No

- (a) How long are quality control and testing records kept? \_\_\_\_\_  Yes  No
- (b) Are you required to file the test results with any regulatory body?  Yes  No
- (c) Are records kept of when each product was manufactured?  Yes  No
- (d) Do you keep records of the date each product was sold and to whom?  Yes  No
- (e) Are raw materials or component parts which go into your products recorded?  Yes  No
- (f) Are changes in designs, advertisements and sale brochures recorded?  Yes  No

25. Are any quality control checks being performed on your products by your end customers?  Yes  No

26. Can you distinguish your product from those of competitors? If yes, how:  Yes  No  
 \_\_\_\_\_

27. Are all instructions, operating manuals, advertisements and warranties periodically reviewed by legal counsel?  Yes  No

28. Do you have a website?  Yes  No  
 If yes, please provide URL: \_\_\_\_\_

(a) Percentage of sales from the internet or e-commerce? \_\_\_\_\_ %

29. Please provide the following information regarding all products manufactured:

<b>Product Manufactured</b>	<b>Application</b>	<b>Annual Number of Units</b>	<b>Annual Sales</b>

Additional Comments: