

## MANUFACTURING - COMMERCIAL PAK

Mid-America Specialty Markets  
Quote Information

Client \_\_\_\_\_

Submission Date \_\_\_\_\_

Submitted By \_\_\_\_\_

Please Quote These Lines of Coverage

- General Liability
- Property
- Inland Marine
- Business Auto
- Workers Compensation
- Umbrella
- Life
- Other Coverage

Current Insurance Company \_\_\_\_\_

Current Insurance Agency \_\_\_\_\_

Expiration Date of Current Policies \_\_\_\_\_

When submitting a request for quote please complete the general applicant information page along with the appropriate coverage section checked above. In addition please submit a copy of the current policy declaration page(s) and any hard copy loss information for review.

Once complete fax or email these items to:

Mid-America Specialty Markets  
Fax: 573-447-4998  
Email: [getquote@midaminsurance.com](mailto:getquote@midaminsurance.com)

---

---

**MANUFACTURING - RISK EVALUATION QUESTIONNAIRE**

**Date** \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Contact Name** \_\_\_\_\_

**Your Website** \_\_\_\_\_

**Yes / No or Describe**

**1. Do you have a brochure of other written material which describes your business operations and/or products? Please attach.**

**2. Indicate under what form your business is operated;**

- Corporation**
- LLC**
- Individual**
- Partnership**
- Other Describe** \_\_\_\_\_

**3. Your Federal ID#** \_\_\_\_\_

**4. Owner Information;**

**Name** \_\_\_\_\_ **% Ownership** \_\_\_\_\_

**Name** \_\_\_\_\_ **% Ownership** \_\_\_\_\_

**Name** \_\_\_\_\_ **% Ownership** \_\_\_\_\_

**Name** \_\_\_\_\_ **% Ownership** \_\_\_\_\_

**5. Fully describe your business operations;**

**Yes / No or Describe**

**6. Total number of years experience in this business as an owner or manager.**

**7. Number of full time employees \_\_\_\_\_.**

**8. Number of part time employees \_\_\_\_\_.**

**9. Last years gross sales from this operation \_\_\_\_\_**

**10. Current year project gross sales \_\_\_\_\_**

**11. Last year total employee payroll \_\_\_\_ See Workers Compensation Form \_\_\_\_\_**

**12. Current year projected payroll \_\_\_\_ See Workers Compensation Form \_\_\_\_\_**

**13. Is your business confined to one industry?**

**14. Is your business confined to one product?**

**15. Do you own buildings? If so please attach a list of locations and descriptions.**

**16. Do you lease buildings from others? If so please describe.**

**17. Do you plan new construction? Briefly Describe.**

**18. Are your fixed asset values established by certified property appraisers?**

**19. Do you own vacant land? If so please describe.**

**20. Are any properties located in potential riot or civil disturbance areas? Describe.**

**21. Are any properties located in potential flood or earthquake areas? Describe.**

**22. Do your properties have security alarm systems: i.e., fire-sprinkler discharge, burglary, smoke detectors, etc. Describe.**

**Yes / No or Describe**

- 23. Are there any unusual fire or explosion hazards in your business operation? (welding, painting, woodworking, boilers or pressure vessels, etc.)**
- 24. Do you take a physical inventory at least once a year?**
- 25. Do you lease machinery or equipment other than automotive? Describe.**
- 26. Do you lease automotive equipment for use by owners, corporate officers or employees? Describe.**
- 27. Do you provide autos for use of employees? Describe.**
- 28. Any drivers with driving record problems? Describe.**
- 29. Do you check driver motor vehicle reports on a regular basis? Describe.**
- 30. Does your human resources hand book set minimum acceptable driver standards and do you enforce them? Describe.**
- 31. Do employees use their own vehicles for company business? Describe.**
- 32. Do you stockpile inventory either raw or finished? Describe.**
- 33. Do you have a method for tracking inventory? Describe your inventory control procedures.**

**Yes / No or Describe**

- 34. Do you buy, sell or have custody of goods or equipment of extremely high value? Describe.**
- 35. Do you use any raw stock inventory or equipment which requires substantial lead time to reproduce? Describe.**
- 36. Do you export or import goods either finished or raw materials? Describe.**
- 37. Do you either buy or sell on consignment? Describe.**
- 38. Do you either buy or sell goods that have to be shipped via waterways? Describe.**
- 39. Do you handle any material with a high damageability factor; i.e. subject to loss from temperature changes, dampness, prolonged shelf life, etc.? Describe.**
- 40. Do you handle any goods or merchandise in the form of pairs or sets? Describe.**
- 41. Are most incoming shipments made via common carrier? Describe.**
- 42. Are your purchase terms F.O.B. your premises? Describe shipping arrangements.**
- 43. Are your selling terms F.O.B. the customer?**
- 44. Do you consider your trade area to be local? Describe.**

**Yes / No or Describe**

- 45. Do you have goods or merchandise located on the premises of others? Describe. Please provide a value of property of others currently in your care.**
- 46. Is your business subject to seasonal fluctuations? Describe.**
- 47. Do you conduct any construction operations? Describe.**
- 48. Do you remove or handle asbestos or other hazardous materials in your manufacturing operations? Describe.**
- 49. Do you handle explosives or engage in demolition work?**
- 50. Do you engage in work on boilers or other high pressure vessels?**
- 51. Do you rent or lease anything to others? Describe.**
- 52. Do you lease any equipment from others? Describe**
- 53. Do you borrow contractors equipment from others? Describe.**
- 54. Do you own heavy contractors equipment? Describe.**

**Yes / No or Describe**

**55. Are tools and equipment left at job sites? Describe.**

**56. Have you ever had tools or equipment lost or stolen from a job site? Describe.**

**57. Are you responsible for building materials at the job site if they are stolen or otherwise destroyed? Describe.**

**58. Do you conduct any welding or commercial painting? Describe.**

**Fully describe these operations:**

**Describe where these operations are located within your facilities and describe all safety procedures you have in place specifically for these operations:**

**59. Does your business generate accounts receivables? If so do you have peak months? Describe.**

**60. Do you subcontract work to others? Describe.**

**What is you cost for subcontract work?**

**61. Do you have all subcontractors provide you with valid certificates of insurance?**

**62. Do you require all subs name you as an additional insured on their general liability policy?**

**Yes / No or Describe**

- 63. Are all contracts with subcontractors in writing?**
- 64. Does the contract contain a Hold Harmless Provision for your benefit?**
- 65. Does the contract have a waiver of subrogation provision in favor of you?**
- 66. Have you had any claims made against a sub you used? Describe.**
- 67. Do employees travel out of state on business? Describe.**
- 68. Since 1990 has any work been done or any product you manufactured been used in California, Colorado, Arizona, Oregon, Nevada, or Washington in the new construction of apartments, condos, single family dwellings, or townhouses? Describe.**
- 69. Do you now or have you ever applied or installed or does your manufacturing process use any EFIS or EFIS related products? Describe.**
- 70. Have you ever been involved with the application or installation of materials that are directly in contact with EFIS, such as caulk, roofing or flashing materials? Describe.**
- 71. Do you provide group health or medical coverage to your employees?**
- 72. Is there a retirement plan in place for your employees?**
- 73. Is there a company safety program and manual?**

**Yes / No or Describe**

- 74. Do you have a written procedure manual?**
- 75. Do you have written job descriptions?**
- 76. Is there a return to work program in place for injured employees?**
- 77. Do you have a written and enforced substance abuse program?**
- 78. Has your company ever sustained any large or unique loss either insured or not? Describe.**
- 79. Do you research, design or test a product? Describe.**
- 80. Fully describe all products you manufacture. Use additional pages if necessary.**
- 81. Do you maintain all testing records? Describe.**
- 82. Does your general liability policy include products liability coverage for your product?**
- 83. Do you have a separate products liability policy? Fully Describe.**
- 84. Do you hold any patents, trademarks or other registered documentation on products you manufacture? Fully Describe.**

**Yes / No or Describe**

**85. Has your company ever been involved in a product or construction claim? Describe and provide details.**

**86. Do you have in place a products recall program? Fully Describe.**

**87. Have you ever had a product recalled? Fully Describe.**

**88. Does your manufacturing plant meet ISO Standards? Describe.**

**89. Has your plant or operations been inspected by OSHA? Describe.**

**90. What areas of your current insurance program would you like to improve? Describe.**

**91. How can we help improve your insurance program?**

**GENERAL LIABILITY SECTION**

Now Paying \_\_\_\_\_

Occurrence Limit \_\_\_\_\_

PD Deductible \_\_\_\_\_

General Aggregate \_\_\_\_\_

Medical Expense \_\_\_\_\_

Products – Completed Ops Aggregate \_\_\_\_\_

Fire Damage \_\_\_\_\_

- Occurrence
- Claims Made Retro Date \_\_\_\_\_
- Per Project Aggregate
- Additional Insured Required
- Waiver of Subrogation Required

- EPLI
- Directors and Officers
- Pollution

Description of Work Performed or Product Produced	Current Code (if available)	Payroll or Gross Sales
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Owners Actual Payroll \_\_\_\_\_ Average Number of Employees \_\_\_\_\_

Describe any use of subcontractors, names and amount paid to each:

Describe additional insured or waiver of subrogation requirements:

Describe any other special liability situation or requirements with this applicant:

\_\_\_\_\_

**PROPERTY SECTION**

---

---

**BUILDING #1**

**Now Paying** \_\_\_\_\_

**Physical Location Address** \_\_\_\_\_  
(if different from mailing address)

Applicant Owns Building  
 Applicant Rents Building – List Owner \_\_\_\_\_

**Responding Fire Department** \_\_\_\_\_ **Dist to FD** \_\_\_\_\_ **Dist to Hydrant** \_\_\_\_\_

**Square Foot** \_\_\_\_\_ **Type of Heat** \_\_\_\_\_ **Describe Other Occupants** \_\_\_\_\_

**Construction:**  Frame  Masonry NC  Masonry  Non Combustible **Age of Building** \_\_\_\_\_

**Building Limit** \_\_\_\_\_ **Ded** \_\_\_\_\_ **Description of Use** \_\_\_\_\_

**Contents Limit** \_\_\_\_\_ **Ded** \_\_\_\_\_ **Description of Contents** \_\_\_\_\_

**Business Property of Others** \_\_\_\_\_ **Ded** \_\_\_\_\_ **Describe any other coverage needs:**

**Lien Holder:**

**INLAND MARINE SECTION**

---

---

Describe Item	Year	Model	Serial #	Now Paying	
				Deductible	\$ Limit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Add Blanket Tool Coverage (small items under \$1,000)** \$ \_\_\_\_\_

**Describe any special coverage need or situation for this applicant:**

**Lien Holders:**

**BUSINESS AUTO SECTION**

Now Paying \_\_\_\_\_

Limits                      Liability \_\_\_\_\_                      UM/UIM \_\_\_\_\_                      Med Pay \_\_\_\_\_

List Vehicle/Describe Use	VIN	Comp Ded	Coll Ded

List Drivers Full Name	DOB	DL #	SSN	Violations

**WORKERS COMPENSATION SECTION**

Now Paying \_\_\_\_\_

Currently Insured – Company \_\_\_\_\_ How Long \_\_\_\_\_

Experience Rated – Normal Anniversary Date \_\_\_\_\_ Current Mod \_\_\_\_\_

Class Code	Description of Work	# Full	#Part	Payroll

Owners Included / Excluded

Name	Title	Duties	% Owner	Inc/Exc	Actual Payroll

**COMMERCIAL UMBRELLA SECTION**

---

---

Limit Requested \$ \_\_\_\_\_

Now Paying \_\_\_\_\_

If not quoting all lines of coverage please list all other underlying companies and current limits if you wish to have this umbrella provide coverage over those policies.

<u>Effective Date</u>	<u>Line of Underlying Coverage</u>	<u>Underlying Company</u>	<u>Underlying Liability Limit</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LIFE INSURANCE SECTION**

---

---

<u>Name</u>	<u>DOB</u>	<u>Smoke Y/N</u>	<u>Describe Coverage Amount and Type Requested</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER COVERAGE SECTION**

---

---

Describe:

## **LOSS / CLAIMS INFORMATION**

---

**Describe all claims paid and losses:**

---