

# Roush Insurance Services, Inc.

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## MACHINE SHOP SUPPLEMENTAL APPLICATION

(Complete in addition to the ACORD Application)

Applicant's Name: _____ _____ Location Address: _____ _____	Agency Name: _____ Agent No.: _____ Phone No.: _____
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**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. **Annual Payroll:** .....\$ \_\_\_\_\_
2. **Annual Receipts:** .....\$ \_\_\_\_\_
3. **Annual Subcontractors Cost:**.....\$ \_\_\_\_\_

4. **Types of processes performed by applicant by percentage:**

Type of Process	Percent	Type of Process	Percent
Assemble parts manufactured by others	%	Manufacturing of parts other than to customer specifications	%
Make replacement parts/repair items or equipment	%	Metal finishing (including electroplating, chemical coating & heat processing)	%
Manufactured finished parts	%	Welding only	%
		Other—Describe: _____	%

5. **Percentage of operations performed:**

In Shop: \_\_\_\_% Off Site/Mobile: \_\_\_\_% Off Shore: \_\_\_\_% Installation Operations: \_\_\_\_%  
 Describe off-site operations: \_\_\_\_\_

6. **Does applicant use any warning labels on finished products?** .....  Yes  No

If yes, explain: \_\_\_\_\_

7. **Does applicant use 3D printers?** .....  Yes  No

8. List below the parts/products made or worked on that are from the Machine Shop CUSTOMER'S engineered diagrams, blueprints or supplied specifications:

Parts/Products made or worked on	Are any identifying marks placed on the part/product?	Percent of Total Receipts	Does applicant assemble any of the part/product?
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No

If additional space is needed for answers, continue here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. List below the parts/products made or worked on that are from the Machine Shop OWN engineered diagrams, blueprints or supplied specifications:

Parts/Products made or worked on	Are any identifying marks placed on the part/product?	Percent of Total Receipts	Does applicant assemble any of the part/product?
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No

If additional space is needed for answers, continue here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Indicate which of the applicant's products are used in any of the following categories:

<input type="checkbox"/> Aircraft or aerospace	<input type="checkbox"/> Gears	<input type="checkbox"/> Mining
<input type="checkbox"/> Athletic	<input type="checkbox"/> Hoists	<input type="checkbox"/> Mold makers
<input type="checkbox"/> Automotive	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Motor vehicles
<input type="checkbox"/> Construction	<input type="checkbox"/> Industrial	<input type="checkbox"/> Playground
<input type="checkbox"/> Conveyors	<input type="checkbox"/> Jacks	<input type="checkbox"/> Pressure vessels
<input type="checkbox"/> Dies	<input type="checkbox"/> Jigs	<input type="checkbox"/> Pressurized containers
<input type="checkbox"/> Elevators or escalators	<input type="checkbox"/> Ladders	<input type="checkbox"/> Railroad
<input type="checkbox"/> Farm	<input type="checkbox"/> Logging	<input type="checkbox"/> Safety
<input type="checkbox"/> Firearms	<input type="checkbox"/> Lumbering	<input type="checkbox"/> Scaffolds
<input type="checkbox"/> Garage lifting devices	<input type="checkbox"/> Medical	<input type="checkbox"/> Shafts
<input type="checkbox"/> Gas or oil	<input type="checkbox"/> Military	<input type="checkbox"/> Other: _____

Provide details to all categories selected above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11. Select the ways applicant tests their products:**

- Applicant's employees     Independent test laboratory     Applicant's customers, prior to acceptance  
 Government Agency     Other: \_\_\_\_\_

**12. What procedural controls are in place for customer acceptance of custom-made products?** \_\_\_\_\_

**13. Does applicant perform any design or consulting services?** .....  Yes  No  
 If yes, describe: \_\_\_\_\_

**14. Describe products sold under applicant's own label:** \_\_\_\_\_

**15. Does applicant know all of the end users for all parts/products they manufacture?** .....  Yes  No

**16. Does applicant keep records of when each part/product was manufactured, who supplied the raw material, and to whom it was sold?** .....  Yes  No  
 If yes, how many years of reports are maintained? .....  less than 10 years     more than 10 years

**17. List any discontinued products which may still be in use:**

Product Description	Annual Sales	Year Discontinued
	\$	
	\$	

**18. Does applicant import any finished products or component parts?** .....  Yes  No  
 If yes, explain: \_\_\_\_\_

**19. Is applicant participating in the research and development of any new product or planning any new products for sale in the next twelve (12) months?** .....  Yes  No  
 If yes, explain: \_\_\_\_\_

**20. Does applicant have a written quality control program in place?** .....  Yes  No

**21. Does applicant subcontract work to others?** .....  Yes  No  
 If yes, describe type of work subcontracted: \_\_\_\_\_

**22. Hold-Harmless Agreements:**

- Does applicant use a standard client contract, which outlines the specific responsibilities of the applicant? .....  Yes  No  
 Do others hold applicant harmless? .....  Yes  No  
 Does applicant agree to hold any third party harmless? .....  Yes  No  
 Does applicant assume, by contract or verbally, responsibility for any injury or damage that may occur?  Yes  No

**23. Does applicant have Workers' Compensation coverage in force?** .....  Yes  No  
 Does applicant lease employees? .....  Yes  No

**24. Does applicant have any other business ventures for which coverage is not requested?** .....  Yes  No  
 If yes, explain and advise where insured: \_\_\_\_\_

25. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?  Yes  No

If yes, describe: \_\_\_\_\_

26. Attach (A) Any product description; (B) Brochures; (C) Copy of applicants' standard contract with clients; (D) Copies of all agreements in which the applicant has assumed liability; and (E) Separate detailed narrative descriptions as required.

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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 MAINE 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 may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** 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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT NAME AND TELEPHONE NUMBER OF INDIVIDUAL FOR INSPECTION/AUDIT: \_\_\_\_\_  
\_\_\_\_\_