

# Manufacturers Quote Form

Producer: \_\_\_\_\_

Date: \_\_\_\_\_

## General Information

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Website: \_\_\_\_\_

Description of Operation: \_\_\_\_\_

Legal Entity (Corp, LLC, etc.): \_\_\_\_\_

FEIN #- \_\_\_\_\_

Years in Business: \_\_\_\_\_

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

Years with Current Insurance Company: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

Number of Owners: \_\_\_\_\_

Number of Part Time Employees: \_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_

Gross Annual Sales: \_\_\_\_\_

## Manufacturing Operations Exposures:

Manufacturing or Completed Operations that Apply

- \_\_\_\_\_ Job Shop
- \_\_\_\_\_ Component Parts
- \_\_\_\_\_ Design and Mfg
- \_\_\_\_\_ Raw Materials
- \_\_\_\_\_ Assembler
- \_\_\_\_\_ Remanufacturing
- \_\_\_\_\_ Reverse Engineering
- \_\_\_\_\_ Repackaging/Relabeling
- \_\_\_\_\_ Installation
- \_\_\_\_\_ Servicing/Repairing
- \_\_\_\_\_ Leasing/Renting
- \_\_\_\_\_ Retail/Wholesale
- \_\_\_\_\_ Completed Equipment/Machinery
- \_\_\_\_\_ Contract Manufacturing

**Product Description:**

End Users & Industries Served: \_\_\_\_\_

Discontinued Products: \_\_\_\_\_

Other Entities Acquired in the Past: \_\_\_\_\_

Where is Product Designed? \_\_\_\_\_

In-house qualifications: \_\_\_\_\_

Customer design – sign off on final design? \_\_\_\_\_

How are changes handled? \_\_\_\_\_

What quality control procedures are in place? \_\_\_\_\_

Inspection and testing procedures? \_\_\_\_\_

Any products or component parts imported directly from a foreign country? \_\_\_\_\_

Y N If yes, please explain: \_\_\_\_\_

Any subcontracted operations? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Record keeping for possible product recall? \_\_\_\_\_

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

Procedure for any possible recall? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Transportation of product? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**High-hazard product attributes: (Select All that APPLY)**

- \_\_\_\_\_Automotive Parts
- \_\_\_\_\_Agricultural Parts
- \_\_\_\_\_Food Products
- \_\_\_\_\_Aerospace/Aircraft
- \_\_\_\_\_Medical Device
- \_\_\_\_\_Toys/children’s products
- \_\_\_\_\_Military/Government
- \_\_\_\_\_Foreign Imported/Exported
- \_\_\_\_\_Firearm Parts/Accessories
- \_\_\_\_\_Pharmaceutical
- \_\_\_\_\_Nanotechnology

Any exposure to dust-collection system type? \_\_\_\_\_

Outfitted with spark detection and suppression? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Any hazardous/flammable/explosive/caustic substances used in the insured's process/product?

\_\_\_\_\_

Control procedures for these chemicals? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Are tours of the facility ever conducted? \_\_\_\_\_

Controls in place to protect public? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Formal protective equipment requirements and machine guarding procedures? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Any material handling devices (cranes, forklifts, automated rack storage, etc.)? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Any coating/painting operations? \_\_\_\_\_

Y N If yes, please explain \_\_\_\_\_

Is a written preventative maintenance plan in place for all production/process machinery and building systems? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

How many locations does your business occupy? \_\_\_\_\_

**Additional Notes:**

**Building & Contents Coverage**

Location Address	Year Built	Square Footage	Construction Type	Roof	Electrical	Plumbing	HVAC	Building \$	Contents \$

Is the building equipped with any of the safety features listed below?

\_\_\_\_\_ Smoke Alarm- if yes, are they hardwired or battery

\_\_\_\_\_ Fire Alarm- Report to central station or only sound alarm on premises

\_\_\_\_\_ Burglar Alarm- Report to central station or only sound alarm on premises

\_\_\_\_\_ Fire Extinguishers- annually serviced

\_\_\_\_\_ Sprinkler System- Full Building or Partial

**Products Liability**

Would you like for your business to be protected from lawsuits arising from recall of your completed products?

**Coverage Amount:** \_\_\_\_\_

**Deductible:** \_\_\_\_\_

**Employment Related Practices**

Would your business like to be protected from lawsuits involving Employment Related Practices such as sexual harassment, wrongful termination, and discrimination?

**Coverage Amount:** \_\_\_\_\_

**Deductible:** \_\_\_\_\_

**Data Compromise**

Would you like for your business to be protected from lawsuits arising from cyber-attacks on your computer systems or network that results in the theft of your clients or employees personal information such as bank, credit card, or social security numbers?

**Coverage Amount:** \_\_\_\_\_

**Deductible:** \_\_\_\_\_

**Employee Benefits Liability**

Would you like for your business to be protected from lawsuits arising from the administration of your employee benefits program?

**Coverage Amount:** \_\_\_\_\_

**Deductible:** \_\_\_\_\_

**Additional Notes:**