



SUPPLEMENTAL APPLICATION FOR PMMI MEMBERS

If more room is required, please write on the back. Completed forms should be mailed to PMMI Risk Management Program, c/o AH&T Insurance, 20 South King Street, Leesburg, VA 20175, or faxed to (703) 771-1852, attention: PMMI Risk Management Program. For questions please call (800) 648-4807.

Name of Company _____

Address _____

Contact Name _____ **Title** _____

Phone () _____ **Website Address** _____

How long has the company been in business? _____

Individual: _____ **Corporation:** _____ **Partnership:** _____ **Other:** _____

How many locations does the company have and in what city/state? _____

How many employees does the company have? _____

List ALL additional insureds with their address and their interest (landlord, lessors of equipment, etc.):

List ALL mortgages and addresses:

List loss experience for ALL coverages over the last 5 years (on separate sheet if needed):

LOCATION SCHEDULE

	1	2	3
Location Address	(attach Statement of Values)		
Own / Lease			
Age of Building			
Number of Stories			
Square Footage Occupied			
What Do You Do At This Location?			
Replacement Cost of Office Furniture & Contents			
Replacement Cost of Computer Hardware / Media			
Business Income Limit			
Extra Expense Limit			
Construction of Bldg. Describe Material Used In Construction of Outer Walls, Roof, Floors & Structural Beams			
Does Building Have Sprinklers, Burglar Alarms, Fire Alarms, Smoke Detectors? If so, Describe.			

CRIME

Listed below are the Crime Coverage forms most frequently purchased by companies. Please indicate which of these forms you are interested in.

Form A: Employee Dishonesty	Limit: _____	Deductible: _____
Form B: Forgery or Alteration	Limit: _____	Deductible: _____
Form C: Theft, Disappearance & Destruction		
Limit _____	Inside Premises	
Limit _____	Outside Premises	Deductible: _____
Form F: Computer Fraud	Limit: _____	Deductible: _____
Form G: Extortion	Limit: _____	Deductible: _____
Other (Please specify)	Limit: _____	Deductible: _____

Classification of Employees: List all officers and employees by position title who handle or have custody of money, securities or other property:

Please answer the following:

- 1. Who performs audits and with what frequency?**
- 2. Does the audit include inventory?**
- 3. Who is the audit report rendered to?**
- 4. Are bank accounts reconciled by someone not authorized to deposit or withdraw?**
- 5. Is countersignature of checks required?**
- 6. Does your company have any employee retirement plans? If so, please **list**.**

GENERAL LIABILITY

Limits:	General Aggregate	\$ 2,000,000
	Products Aggregate	\$ 2,000,000
	Personal & Advertising Injury	\$ 1,000,000
	Occurrence Limit	\$ 1,000,000
	Fire Damage Legal Liability	\$ 1,000,000
	Medical Expense	\$ 10,000

Please check the appropriate form:

Occurrence

Claims Made

Please Complete the following for all insured locations:

Loc. #	Classification	Gross Sales	Payroll
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please answer the following by placing an "X" under the appropriate response:

	YES	NO
1. Do you install, service or demonstrate products?	_____	_____
2. Do you sell, distribute or use foreign products as components?	_____	_____
3. Do you conduct research and development?	_____	_____
4. Do you plan to manufacture any new products?	_____	_____
5. Do you provide guarantees or warranties?	_____	_____
6. Have any of your products been recalled, discontinued or changed?	_____	_____
7. Are products of others sold under your label?	_____	_____
8. Are your products sold under the label of others?	_____	_____
9. Do you require vendors coverage?	_____	_____
10. Does any named insured sell to other named insureds?	_____	_____
11. Do you draw designs or specifications?	_____	_____
12. Do you use independent contractors?	_____	_____

GENERAL LIABILITY (cont'd)

	<u>YES</u>	<u>NO</u>
13. Are certificates required from independent contractors?	<u> </u>	<u> </u>
14. Do you have any exposure to radioactive/nuclear materials?	<u> </u>	<u> </u>
15. Do your present or past operations involve(d) storing, treating, discharging, disposing, applying or transporting of hazardous materials?	<u> </u>	<u> </u>
16. Any operations sold, acquired or discontinued in the last five years?	<u> </u>	<u> </u>
17. Do you have a quality control program in effect?	<u> </u>	<u> </u>
18. Do you have a formal written safety program?	<u> </u>	<u> </u>
19. Do you currently carry Products Recall Coverage?	<u> </u>	<u> </u>
20. Do you currently carry Foreign Products Liability?	<u> </u>	<u> </u>
21. Do you currently carry Manufacturers E&O Coverage?	<u> </u>	<u> </u>
22. Do you currently carry Pollution Liability Coverage?	<u> </u>	<u> </u>
23. Do you currently carry Directors & Officers Liability?	<u> </u>	<u> </u>
24. Do you currently carry Intellectual Property Coverage?	<u> </u>	<u> </u>
25. Do you currently carry Employment Related Practices Liability coverage?	<u> </u>	<u> </u>

If you have answered "YES" to any of the above questions please explain below:

How are your products delivered to your customers?

How are product recalls, customer complaints and/or claims handled?

GENERAL LIABILITY (cont'd)

Have any air sampling studies been performed?	Y	N
What contaminants?		
Results below PEL /TLV?	Y	N
Have noise level studies been performed?	Y	N
Are average noise levels above 85 dBA?	Y	N
If yes, is there a Hearing Conservation Program in place?	Y	Y
Are employees required to lift over 50 pounds?	Y	N
Check the type of product manufactured		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. Conveyors ____ 2. Accumulators ____ 3. Filling machines ____ 4. Labelling ____ </div> <div style="width: 45%;"> 5. Palletizers / depalletizers ____ 6. Packaging ____ 7. Other (describe) _____ </div> </div>		
What are your total annual sales? \$ _____ By product line <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. _____ 2. _____ 3. _____ 4. _____ </div> <div style="width: 45%;"> 5. _____ 6. _____ 7. _____ </div> </div>		
Any international sales? \$ _____ What percent of sales from service or repair? _____ % What percent of sales from installation? _____ %		
# of units manufactured per product line per year		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. _____ 2. _____ 3. _____ 4. _____ </div> <div style="width: 45%;"> 5. _____ 6. _____ 7. _____ </div> </div>		
What is the life expectancy of each product line in years?		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. _____ 2. _____ 3. _____ 4. _____ </div> <div style="width: 45%;"> 5. _____ 6. _____ 7. _____ </div> </div>		

GENERAL LIABILITY (cont'd)

Estimated total number of units in use by product line		
1. _____	5. _____	
2. _____	6. _____	
3. _____	7. _____	
4. _____		
Are end users of your product in the food industry?		Y N
Are end users of your product in the pharmaceutical industry?		Y N
Other - please describe 		
Do you sell direct to end-user? Y / N or to other contractor?		Y N
Percent of sales for each? End user _____% Contractor _____%		
ENGINEERING		
Does machine guarding comply with ANSI/PMMA B155.1		Y N
Do warning labels comply with ANSI Z535.4?		Y N
Do you manufacture for export to European countries?		Y N
If yes, does the product comply with European standards?		Y N
Is the European model built to higher standards than U.S. Model?		Y N
Is your product equipped with heating elements?		Y N
Do you have a written Product Safety / Quality Control Program?		Y N
If yes, please send copy.		
Does your Quality Control program include:		
Customer sign off approving design?		Y N
Critical tests, destructive testing		Y N
Visual, dimensional or operational tests or inspections		Y N
Other - please describe:		Y N
Are records of inspections or tests retained?		Y N
For what length of time? _____ years		
Are photo's / videos of completed product taken before shipment?		Y N
Are photo's / videos taken after completion of installation?		Y N
Does the customer sign off approving installation?		Y N

GENERAL LIABILITY (cont'd)

Do you provide the customer with any of the following:		
Operation manual or video?	Y	N
Maintenance / service manual?	Y	N
Training Manual or video?	Y	N
Are the above reviewed by legal counsel?	Y	N
Is advertising material also reviewed by legal counsel?	Y	N
Are any components parts or assemblies imported?	Y	N
Direct imports	Y	N
Imports through U.S. company?	Y	N
Is the supplier required to carry their own products insurance?	Y	N
What are the limits of coverage? \$ _____		
Is there a written product recall procedure?	Y	N
# of recalls in past 5 years _____		
Do you sell refurbished equipment?	Y	N
# of units per year _____		
Does refurbished equipment meet current safety / product standards?	Y	N
Do you have a program in place to contact owners of older model machines to inform them of retrofit program, such as enhanced guarding?	Y	N
If you service or install your product, do you require the customer to sign a work order signifying completion of the job and the customer's approval?	Y	N
If yes, does the work order contain language to the effect that all safety devices are in place and operating properly?	Y	N
Describe any discontinued products:		
Are these products still in use?	Y	N
International Exposure		
Do you have any overseas locations?		
Do your employees travel overseas?		
If yes, How many employees? _____ How often? _____ days / year		
How long is the average stay? _____ days		

COMMERCIAL AUTOMOBILE

1. Please **attach a schedule of owned /leased automobiles**. Include Year, Make, Model, Serial #, Garaging Location and Cost New.

Please **attach a list of drivers**. Include, Name, Date of Birth, License Number and State).

Liability Limit	\$ _____
Comprehensive Deductible	\$ _____
Collision Deductible	\$ _____

Please place an "X" next to all other coverages that apply:

_____ PIP (no fault)	_____ Hired Auto Liability
_____ Medical Payments	_____ Nonowned Auto Liability
_____ Uninsured Motorists	_____ Hired Car Physical Damage
_____ Underinsured Motorists	_____ Rental Reimbursement
_____ Towing	

Are driving records reviewed? If so, how often and how are problem drivers handled?

WORKERS COMPENSATION

Federal Employer's ID Number (FEIN) _____

**Please complete the following payroll and classification information for each insured location
(attach a separate sheet if necessary):**

Loc. #	State	Classification	Annual Payroll
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please answer the following by placing an "X" under the appropriate response:

	YES	NO
1. Do you provide group transportation for employees?	_____	_____
2. Do employees travel out of state?	_____	_____
3. Do you have any part time employees?	_____	_____
4. Are employee health plans provided?	_____	_____
5. Do you lease employees?	_____	_____
6. Are physicals required after hires are made?	_____	_____

If you have answered "YES" to any of the above please explain below:

WORKERS COMPENSATION (CONT.)

What type of training do employees receive?

Are employees issued and/or required to wear personal protective equipment? What type?

What sources are used to screen new hires (personal references, background checks, drug testing, motor vehicle reports)?

How are personnel records of terminated/disciplined employees kept confidential?

EXCESS LIABILITY (UMBRELLA) COVERAGE

Per Occurrence Limit	\$ _____
Aggregate Limit	\$ _____
Retained Limit	\$ _____

OPTIONAL COVERAGES

Please take a minute to glance over the optional coverages listed below. If you do not currently have these coverages and are interested in receiving more details or would like an optional quote for any of the following please place an “X” next to the corresponding coverage. We will be happy to address any questions or concerns that you may have. Please note that for a quotation, additional information may be required.

<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Extortion
<input type="checkbox"/> Boiler & Machinery	<input type="checkbox"/> Forgery or Alteration
<input type="checkbox"/> Building Ordinance	<input type="checkbox"/> Hired Car Physical Damage
<input type="checkbox"/> Business Income	<input type="checkbox"/> Intellectual Property
<input type="checkbox"/> Computer Fraud	<input type="checkbox"/> Manufacturers E&O
<input type="checkbox"/> Electronic Data Processing	<input type="checkbox"/> Pollution Liability
<input type="checkbox"/> Employee Dishonesty	<input type="checkbox"/> Rental Reimbursement (Auto)
<input type="checkbox"/> Employment Related Practices	<input type="checkbox"/> Theft, Disappearance, Destruction
<input type="checkbox"/> Directors & Officers Liability	<input type="checkbox"/> Towing (Auto)
<input type="checkbox"/> Excess Liability	<input type="checkbox"/> Motor Truck Cargo
<input type="checkbox"/> Extra Expense	<input type="checkbox"/> Ocean Marine
<input type="checkbox"/> International Coverages	<input type="checkbox"/> Valuable Papers
<input type="checkbox"/> Business Credit Insurance	

PLEASE MAKE SURE TO ENCLOSE THE FOLLOWING

- 1. COMPLETED PMMI MEMBER INSURANCE QUESTIONNAIRE**
- 2. CURRENT PLUS THREE (3) PRIOR YEARS OF LOSS RUNS FOR ALL LINES OF INSURANCE (SAMPLE LETTER OF REQUEST ATTACHED)**
- 3. COPIES OF CURRENT INSURANCE POLICIES (IF AVAILABLE)**
- 4. PRODUCT BROCHURES**
- 5. VEHICLE SCHEDULE AND DRIVERS LIST**