

Hudson Insurance Group

Supplemental Application – Machine Shop

The ACORD 125 – Commercial Insurance Application must be completed in addition to this Supplement.

1. Named Insured: _____
2. Named Insured Mailing Address: _____
3. Website: _____

4. Annual Gross Sales: \$ _____ Annual Payroll: \$ _____
5. Work performed is: ____% Residential ____% Commercial ____% Industrial
6. Indicate the percentage of work performed:

Type of Process	%	Type of Process	%
Assemble parts manufactured by others		Repair items or equipment	
Manufacture finished parts		Make replacement parts	
Manufacture parts to customer's specifications		Installation operations	
Other*			

*Please describe "Other" process:

7. Are any of the insured's completed products used in any of the following categories?

Category	Yes/No	Category	Yes/No
Conveyors		Elevators or Escalators	
Gears or joints		Heavy Equipment	
Hoists, lifts or shafts		Hydraulics or jacks	
Industrial valves or pumps		Ladders or scaffolds	
Pressure vessels, tanks or boilers		Safety equipment	
Structural or loading bearing building components		Other *	

*Please provide a more detailed description of work performed:

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8. Are any of the insured's completed products used in any of the following industries?

Industry	Yes/No	Industry	Yes/No
Aircraft or Aerospace		Automotive	
Chemical		Electrical power generation	
Gas or Oil		Marine	
Medical		Military or Governmental	
Mining		Railroad	
Logging or Lumbering		Nuclear	

9. Does the insured perform any electroplating or welding operations? Yes _____ No _____ If yes, please provide details:

10. Does the insured perform any design or consulting services for others? Yes _____ No _____ If yes, please describe:

11. Does the insured build or manufacture a finished product? Yes _____ No _____ If yes, please describe:

12. Does the insured have a quality control and testing procedure? Yes _____ No _____

Please provide details regarding the ways the insured tests their products. For example, the insured's employees, an independent testing laboratory, governmental agency, etc.

13. What fire protection is in place at the insured location and at job sites:

Named Insured Signature: _____

Date: _____

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FRAUD WARNINGS

To All Prospective Insureds: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

To Prospective Insureds in:

Colorado: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: "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."

Florida and Oklahoma: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

New York: 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 \$5,000 and the stated value of the claim for each such violation.

New York (Fire insurance applications): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

New York (Automobile): Any person who 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 \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

Pennsylvania (Automobile): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.