



Essex Insurance Company  
 4521 Highwoods Parkway  
 Glen Allen, VA 23060  
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**Metal Manufacturing Questionnaire**

To:	Company:	
From:	Date:	
Prospect:		
<input checked="" type="checkbox"/> Urgent	<input checked="" type="checkbox"/> For Review	<input checked="" type="checkbox"/> Please Reply

Please provide the following information for quotation consideration:

1. Detailed description of the Manufacturing Process from a Raw Product to a Finished Product.

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2. Check all applicable Protective Safeguards (Warrant via the JGF-9, Clause F):

Dust Collection System	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Complete (Vented Outside)	<input type="checkbox"/> Individual Machinery
Ventilation System	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Complete (Vented Outside)	<input type="checkbox"/> Individual Machinery
Spray Painting	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UL Approved Spray Booth	<input type="checkbox"/> Separated from Process Area
Welding	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Curtains <input type="checkbox"/> Shield/Guard	<input type="checkbox"/> Separated from Process Area
Explosion Proof Electrical Equipment & Wiring	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Grounded Electrical & Mechanical Equipment	<input type="checkbox"/> YES <input type="checkbox"/> NO		
UL Approved Flammable/Chemical Storage Cabinets and/or Containers	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Separated from Process Area	
Casting	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Dike Restraining Barriers	<input type="checkbox"/> YES <input type="checkbox"/> NO		

3. List all chemicals/flammables, if any, with Flashpoints < 100 degrees Fahrenheit, days & quantity (gallons/drums) stored, and location in or distance from the manufacturing building. (Attach List)

4. Kerosene or Space Heaters  YES  NO

5. Any Machinery 15 years or older  YES  NO  
 Any Obsolete Machinery  YES  NO  
 Any Custom Made Machinery  YES  NO

6. Target Rate: \_\_\_\_\_

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

Applicant Signature: \_\_\_\_\_

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