



The Brokers Preferred Wholesale Solution

Workers' Comp - Manufacturing

For a complete submission, please include the following information:

- ACORD Application 130
- Business FEIN #
- Supplemental Application
- 4 Years Currently Valued Loss History Regardless of Lapse in Coverage
 - If lapsed, provide date and reason
 - For new venture, provide date of first employee hire (loss runs not required)

If you don't see what you need or have any questions, please email your underwriter: Darby@CIDinsurance.com

CID Insurance Programs Inc. DBA CID Insurance Services

Manufacturing Supplemental Application (To be Completed with Acord 130 application)

Any punch press or press brake machinery/equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Machine Guarded: <input type="checkbox"/> Point of operation <input type="checkbox"/> Drive Mechanism
Age of machinery: <input type="checkbox"/> <2 yrs <input type="checkbox"/> 2-5 yrs <input type="checkbox"/> 5-10 yrs <input type="checkbox"/> 10+ yrs	Accessible moving parts guarded on machinery/equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Types of machines (must equal 100%) - Heavy _____ Mid _____ Light _____ Any Computer Network Controlled (CNC) machinery? <input type="checkbox"/> Yes <input type="checkbox"/> No	
% of off-premise operations: _____ If yes, where/what for? _____	
Is building properly ventilated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is proper dust collection system in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does all machinery have proper guarding and any required lockout/tagout systems? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: All information provided for the purpose of securing insurance coverage is subject to underwriting verification, an underwriting survey and/or inspection. You must notify us of any significant change in operations or payroll. Terms may be rescinded, or coverage cancelled if any person knowingly conceals information, and/or provides any inaccurate or materially false information for the purpose of obtaining insurance coverage.

Signature of Applicant: _____ Date: _____