

# Mackinaw Underwriters, Inc.

## MANUFACTURING SUPPLEMENT

**Insured's Name:** Click or tap here to enter text.

**Supplement Completed By:** Click or tap here to enter text.

**Date:** Enter Date.

Question	Yes	No
1. What product is being manufactured?	Click or tap here to enter text.	
2. Is the manufactured product a component?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, please describe:	Click or tap here to enter text.	
3. What type of raw materials are used? Check all that apply. Plastics <input type="checkbox"/> Aluminum <input type="checkbox"/> Titanium <input type="checkbox"/> Zinc <input type="checkbox"/> Cadmium <input type="checkbox"/> Brass <input type="checkbox"/> Lead <input type="checkbox"/> Nickel <input type="checkbox"/> Magnesium <input type="checkbox"/> Tin <input type="checkbox"/> Copper <input type="checkbox"/> Chromium <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/> Click here to enter text.		
a. If wood is selected, is there a dust collection system present?	<input type="checkbox"/>	<input type="checkbox"/>
4. What type of machinery is used? Check all that apply. CNC <input type="checkbox"/> Planing <input type="checkbox"/> Milling <input type="checkbox"/> Boring <input type="checkbox"/> Stamping <input type="checkbox"/> Drilling <input type="checkbox"/> Power Press <input type="checkbox"/> Grinders <input type="checkbox"/> Cutters <input type="checkbox"/> Saws <input type="checkbox"/> Welding <input type="checkbox"/> Sandblasting <input type="checkbox"/> Die Casting <input type="checkbox"/> Press Brake <input type="checkbox"/> Jig Borer <input type="checkbox"/> Lathes <input type="checkbox"/> Punch Press <input type="checkbox"/> Other <input type="checkbox"/> Click or tap here to enter text.		
5. Who is responsible for maintaining machinery and how often is it inspected?	Click or tap here to enter text.	
6. Is Personal Protective Equipment (PPE) provided and worn?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, what is provided?	Click or tap here to enter text.	
7. Are accessible moving parts guarded on machinery/equipment?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the insured have a Lock Out Tag Out (LOTO) program?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the insured use forklifts?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, is there training in place?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is there a forklift safety program in place?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are inspections held daily for all forklifts?	<input type="checkbox"/>	<input type="checkbox"/>
10. What is the maximum weight lifted by hand? (in lbs.)	Value	
11. Does the insured deliver or pick up goods?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, what is the percentage of distance traveled for each? Under 50 miles: Value %                      Between 51 and 100 miles: Value % Between 101 and 200 miles: Value %                      Over 200 miles: Value %		
12. What type of safety facilities and procedures are in place?	Click or tap here to enter text.	