PLASTICS MANUFACTURING SUPPLEMENTAL

Covers plastics processors: injection molding, extrusion, blow molding, thermoforming, rotational molding, and foam. Complete with ACORD 125, 126, and 140. Attach a product list with end uses.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS

BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:

☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

2 OPERATIONS

PRODUCT / PRODUCT LINE	TARGET CUSTOMER (CONSUMER / INDUSTRIAL)	APPLICANT'S ROLE (MFR / CONTRACT MFR / PRIVATE LABEL)	ANNUAL SALES ($)

Processes (check all that apply):

☐ Injection molding ☐ Extrusion ☐ Blow molding ☐ Thermoforming ☐ Rotational molding ☐ Foam production

☐ Grinding / regrind ☐ Compounding

MOLDING / EXTRUSION MACHINES	RESIN STORED (LB, PEAK)	EMPLOYEES

2-1 Are any products used for food contact, medical use, or by children? ☐ Yes ☐ No

IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — FIRE LOAD & COMBUSTIBLE DUST

Stored plastics and foam are a heavy fire load, and resin and regrind dust can explode — the CSB found polyethylene dust above a ceiling caused a 2003 explosion that killed six workers at a North Carolina plant.

3-1 Is the building sprinklered to the design density required for stored plastics? ☐ Yes ☐ No

IF YES, EXPLAIN

3-2 Is finished-goods and resin storage kept below the height the sprinkler design allows? ☐ Yes ☐ No

IF YES, EXPLAIN

3-3 Has a dust hazard analysis (NFPA 652) been completed? ☐ Yes ☐ No

IF YES, EXPLAIN

3-4 Is dust cleaned from overhead surfaces, beams, and ceilings on a written schedule? ☐ Yes ☐ No

IF YES, EXPLAIN

3-5 Are grinders and dust collectors equipped for combustible dust (explosion venting or isolation)? ☐ Yes ☐ No

IF YES, EXPLAIN

3-6 Has the plant had a fire or dust explosion in the last 10 years? ☐ Yes ☐ No

IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — MOLDING MACHINES & PRODUCT COMPLIANCE

4-1 Are molding-machine gate interlocks tested at every shift? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Is lockout/tagout used for mold changes and purging? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 2-1, are resins and additives certified for the product's use (FDA food-contact, CPSIA)? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Is there a written quality-control and testing procedure for every product? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Can products be traced by lot, batch, or serial number to the date made and the customer sold to? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Is there a written recall plan to withdraw defective products quickly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are certificates of insurance with products coverage obtained from suppliers of components? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Has the applicant recalled, or considered recalling, any product? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Has a customer claimed a product defect or contamination? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL & SALES

TOTAL ANNUAL PAYROLL ($)	ANNUAL GROSS SALES ($)	FOOD / MEDICAL / CHILDREN'S SALES ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL / PRODUCTS CARRIER / LIMITS	PROPERTY CARRIER	UMBRELLA LIMIT

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

6-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT

7-1 Are hot-work permits required for any welding or cutting in the plant? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Are fire inspections and sprinkler tests current? ☐ Yes ☐ No
IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE