

# Manufacturing EZ Quote Form

New Mexico Mutual 3900 Singer Blvd. NE Albuquerque NM 87109

<b>Completed By:</b>	<b>In addition to the supplemental information, please attach the following if applicable:</b> <ul style="list-style-type: none"> <li>• 3 to 5 Year Currently Valued Loss Runs</li> <li>• Associated Premium Figures</li> <li>• Experience Rating Worksheet</li> </ul>
<b>Title:</b>	
<b>Date:</b>	

General Information and Operations																									
<b>Company Name:</b>	<b>FEIN:</b>																								
<b>Number of years experience in this industry:</b>	<b>Number of years managing in the industry:</b>																								
<b>Please provide details of the assembly process and the percentage of each operation:</b> <input type="checkbox"/> Automated _____% <input type="checkbox"/> Manual _____%																									
<b>What products are being manufactured?</b> (Please provide details of the raw materials and equipment used)																									
<b>What tasks are performed during the manufacturing process:</b> (Please check all that apply) <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Bending</td> <td><input type="checkbox"/> Milling</td> <td><input type="checkbox"/> Riveting</td> </tr> <tr> <td><input type="checkbox"/> Blasting</td> <td><input type="checkbox"/> Painting/Coating</td> <td><input type="checkbox"/> Shaping</td> </tr> <tr> <td><input type="checkbox"/> Blending</td> <td><input type="checkbox"/> Plasma Cutting</td> <td><input type="checkbox"/> Shearing</td> </tr> <tr> <td><input type="checkbox"/> Boring</td> <td><input type="checkbox"/> Plating</td> <td><input type="checkbox"/> Soldering</td> </tr> <tr> <td><input type="checkbox"/> Brazing</td> <td><input type="checkbox"/> Polishing</td> <td><input type="checkbox"/> Stamp Forming</td> </tr> <tr> <td><input type="checkbox"/> Drilling</td> <td><input type="checkbox"/> Press Forming</td> <td><input type="checkbox"/> Turning</td> </tr> <tr> <td><input type="checkbox"/> Flame Cutting</td> <td><input type="checkbox"/> Pressurizing Tumbling</td> <td><input type="checkbox"/> Welding</td> </tr> <tr> <td><input type="checkbox"/> Grinding</td> <td><input type="checkbox"/> Reaming</td> <td><input type="checkbox"/> Other:</td> </tr> </table>		<input type="checkbox"/> Bending	<input type="checkbox"/> Milling	<input type="checkbox"/> Riveting	<input type="checkbox"/> Blasting	<input type="checkbox"/> Painting/Coating	<input type="checkbox"/> Shaping	<input type="checkbox"/> Blending	<input type="checkbox"/> Plasma Cutting	<input type="checkbox"/> Shearing	<input type="checkbox"/> Boring	<input type="checkbox"/> Plating	<input type="checkbox"/> Soldering	<input type="checkbox"/> Brazing	<input type="checkbox"/> Polishing	<input type="checkbox"/> Stamp Forming	<input type="checkbox"/> Drilling	<input type="checkbox"/> Press Forming	<input type="checkbox"/> Turning	<input type="checkbox"/> Flame Cutting	<input type="checkbox"/> Pressurizing Tumbling	<input type="checkbox"/> Welding	<input type="checkbox"/> Grinding	<input type="checkbox"/> Reaming	<input type="checkbox"/> Other:
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<b>Please list a detailed description of chemicals/solvents used during/after the assembly process:</b>																									

<b>List states/countries traveled to, how often and percentage of revenue for each state/country:</b>		
State/Country	Frequency of Travel (Per Month)	Percent of Revenue by State/Country

**Is repair/installation of products part of the operations?**    ☐ Yes    ☐ No

**If yes, where is repair/installation performed?**    ☐ Applicant's Premises    ☐ Client's Premises

**Who is the applicant's customer?**  
(Please check all that apply)

☐ Private Consumer   
 ☐ Wholesale   
 ☐ Retail   
 ☐ Government Entity   
 ☐ Other: \_\_\_\_\_

**How is the product distributed to the Customer?**  
(Please check all that apply)

☐ Local   
 ☐ Nationwide   
 ☐ Global

**How are the products delivered to the consumer?**  
(Please check all that apply)

☐ FedEx/UPS   
 ☐ Common Carrier   
 ☐ Delivery of own products   
 ☐ Other: \_\_\_\_\_

**Are sales persons doing any deliver of products?**    ☐ Yes    ☐ No

### Employees

**How many employees are on staff:**    Full Time: \_\_\_\_\_    Part Time: \_\_\_\_\_

**How are employees paid?**  
(Please Check All That Apply):

☐ W-2' S   
 ☐ 1099's   
 ☐ Cash   
 ☐ Other: \_\_\_\_\_

**What percent of the work is subcontracted?**    \_\_\_\_\_%

**If subcontractors are used, are certificates of insurance obtained?**    ☐ Yes    ☐ No

**If certificates are not obtained, what amount of payroll should be added for contract labor?**

- Class Code: \_\_\_\_\_ Payroll: \_\_\_\_\_
- Class Code: \_\_\_\_\_ Payroll: \_\_\_\_\_
- Class Code: \_\_\_\_\_ Payroll: \_\_\_\_\_

**Please check all hiring practices utilized by the policyholder:**

<input type="checkbox"/> Applicant Interviews	<input type="checkbox"/> Post-Offer Physicals
<input type="checkbox"/> Background Check	<input type="checkbox"/> Reference Checks
<input type="checkbox"/> Drug Testing/Screening	<input type="checkbox"/> New Employee Orientation
<input type="checkbox"/> Medical Questionnaires	<input type="checkbox"/> Other: _____

## Safety

**Is a safety program utilized in the workplace?** ☐ Yes ☐ No

**If yes, is the program?** ☐ Written ☐ Verbal

**Does the safety program address/include:**  
(Please Check All that Apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Accident/Injury Investigation          | <input type="checkbox"/> Return to Work Program             |
| <input type="checkbox"/> Equipment Usage Training               | <input type="checkbox"/> Railing                            |
| <input type="checkbox"/> Ladder Tie Offs                        | <input type="checkbox"/> Routine Safety Inspections         |
| <input type="checkbox"/> Lock Out/ Tag Out Procedures           | <input type="checkbox"/> Safety Committee/Safety Officer    |
| <input type="checkbox"/> Machine Guards (including power tools) | <input type="checkbox"/> Safety Data Sheets (SDS)           |
| <input type="checkbox"/> Noise Abatement                        | <input type="checkbox"/> Safety Incentive Program           |
| <input type="checkbox"/> Onsite Supervisor                      | <input type="checkbox"/> Safety Orientation                 |
| <input type="checkbox"/> Personal Fall Protection               | <input type="checkbox"/> Substance Abuse Awareness Training |
| <input type="checkbox"/> Progressive Disciplinary Action Plan   | <input type="checkbox"/> Third Party Safety Company         |
| <input type="checkbox"/> Qualified Person On Jobsites           | <input type="checkbox"/> Other: _____                       |

**Please check all personal protective equipment that is enforced:**

- |   |  |
|---|--|
| <input type="checkbox"/> Dust Masks         | <input type="checkbox"/> Respirators (incl. fit tests) |
| <input type="checkbox"/> Eye Protection     | <input type="checkbox"/> Rubber Boots                  |
| <input type="checkbox"/> Gloves             | <input type="checkbox"/> Safety Vests                  |
| <input type="checkbox"/> Hard Hats          | <input type="checkbox"/> Steel Toe Boots               |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Other: _____                  |

**Does the safety driving program address/include:**  
(Please check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Cell Phone Usage                       | <input type="checkbox"/> Progressive Disciplinary Plan |
| <input type="checkbox"/> Impaired/Aggressive/Distracted Driving | <input type="checkbox"/> Mandatory Seat Belt Usage     |
| <input type="checkbox"/> Initial and Routine MVR Checks         | <input type="checkbox"/> Vehicle Tracking Device       |

**Please check all OSHA guidelines that apply:**

- |  |  |
|--|--|
| <input type="checkbox"/> Confined Spaces                 | <input type="checkbox"/> Ventilation                   |
| <input type="checkbox"/> Chemical/Solvent Storage (GHCS) | <input type="checkbox"/> Signs, Signals and Barricades |
| <input type="checkbox"/> Fall Protection                 | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Unrestricted Means of Egress    |  |

**Who is responsible for emergency shutdowns?**

☐ Any Employee      ☐ Authorized Personnel Only

**Does the insured perform regular safety training?**    ☐ Yes    ☐ No

**If yes, describe the frequency:**

☐ Daily    ☐ Weekly    ☐ Monthly    ☐ Quarterly    ☐ Annually    ☐ Other: \_\_\_\_\_

**Does the insured hold regular tailgate/tool box safety meetings?**    ☐ Yes    ☐ No

**If yes, describe the frequency:**

☐ Daily    ☐ Weekly    ☐ Monthly    ☐ Quarterly    ☐ Annually    ☐ Other: \_\_\_\_\_

**Who is responsible for the safety training and what is their title?**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Who is responsible for maintaining the equipment?**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Thank you for completing New Mexico Mutual's Underwriting EZ Quote Form. Please return this form to your assigned underwriter and we will review your account for our best pricing options.