

**Chris-Leef General Agency, Inc.**  
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**MACHINE SHOP SUPPLEMENTAL APPLICATION**

(Include Acord Application)

Applicant's Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Location Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

1. Please list all products and attach a brochure for each product, if available.

Name of Product	End Use

2. If available, please provide a current job listing.

3. Does applicant do any work for aerospace, automotive, oil field, or medical industries?  Yes  No

4. Does applicant perform work only to customer specifications?  Yes  No

5. is applicant involved in any design work?  Yes  No

Please describe: \_\_\_\_\_

6. Does the applicant have a written quality control program in place?  Yes  No

7. Does the insured specialize in a specific machining process?  Yes  No

If yes, please describe: \_\_\_\_\_

8. Describe any heat treating, electroplating, or welding operations conducted

\_\_\_\_\_

9. Describe the housekeeping of the premises (interior and exterior):

\_\_\_\_\_

10. Describe the storage and protection of any flammable liquids such as cutting oils, cleaning solvents, and dyes: \_\_\_\_\_

\_\_\_\_\_

11. Describe the disposal of these liquids or any coolants: \_\_\_\_\_

\_\_\_\_\_

12. If this activity is contracted to a disposal company, what are the contractual obligations?

\_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date