

Machinery or Equipment Repair Supplemental

NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY OF THE SOUTH

Name of Applicant _____ ZIP Code (of premises) _____ State _____
 Website _____ Previous Policy (for renewals) _____

1. Fill out the following table regarding machinery or equipment repair services provided.

Farm		%
Aircraft, Medical, Nuclear		%
Industrial		%
Other		%
Total	100	%

If other, describe: _____

2. Does the applicant perform any welding? Yes No

If yes, what percentage of work performed is welding? _____%
 If greater than 50%, please complete the supplemental application for Welding.

2. Is any work done that involves repairing or using cranes, cherry pickers, or boom lifts? Yes No

4. Does the applicant:

a. Work on industrial grain elevators or feed mills? Yes No

b. If yes, what is the annual payroll associated with erecting grain bins or other metal structures?
 Yes No

5. Fill out the following table regarding workers performing machinery or equipment repair work, excluding the payroll stated in the previous question.

	Number	Payroll
Active Owners*		
Non-Owner Employees**		

* Include only owners and executives performing or supervising machinery or equipment repair work

** Exclude owners and executives; include supervisory employees

6. Is any casual or temporary labor used which was not included in the previous payroll amount? Yes No

If yes, what is the payroll of casual or temporary labor? _____

7. Are subcontractors used? Yes No

If yes, what are the total subcontractor costs including materials? _____

8. Is any work done other than machinery or equipment repair? Yes No

If yes, describe other operations. _____

This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.

Applicant's Signature _____

Date _____