



# WOODWORKING SUPPLEMENTAL APPLICATION

DATE (MM/DD/YYYY)

NAME (First Named Insured) AND MAILING ADDRESS		AGENCY	
PROPOSED EFF DATE	PROPOSED EXP DATE	CODE:	
		CONTACT NAME:	

## SUPPLEMENTAL QUESTIONS

		YES	NO
1. DESCRIBE OPERATIONS AND PRODUCTS:			
2. IS ANY FINISHING WORK DONE ON PREMISES? IF YES, IS ALL PAINTING OR STAINING CONDUCTED IN A NFPA 33 APPROVED SPRAY BOOTH? PLEASE CHECK ALL CHARACTERISTICS THAT APPLY TO THE SPRAY BOOTH: <input type="checkbox"/> VENTILATING DUCTS EXHAUSTING DIRECTLY TO THE OUTSIDE <input type="checkbox"/> STEEL, CONCRETE, OR MASONRY CONSTRUCTION <input type="checkbox"/> PROTECTED BY AN AUTOMATIC FIRE PROTECTION SYSTEM <input type="checkbox"/> PERMANENTLY GROUNDED ELECTRICAL SYSTEMS <input type="checkbox"/> VAPOR AND EXPLOSION PROOF LIGHTS AND FIXTURES <input type="checkbox"/> ALL COMPONENTS OF THE SPRAY BOOTH ARE UL APPROVED WHERE ARE FLAMMABLE LIQUIDS AND/OR COMBUSTIBLE LIQUIDS STORED? <input type="checkbox"/> A UL APPROVED STORAGE CABINET <input type="checkbox"/> INSIDE ROOMS, WHICH HAVE NO EXTERIOR WALLS. INSIDE ROOMS ARE LIMITED TO 150 SQ. FT., IF OF 1 HOUR CONSTRUCTION. IF OF 2-HOUR CONSTRUCTION, THEY CAN BE AS LARGE AS 500 SQ. FT. <input type="checkbox"/> CUT-OFF ROOMS, WHICH HAVE EITHER ONE OR TWO EXTERIOR WALLS. CUT-OFF ROOMS AND ATTACHED BUILDINGS ARE LIMITED TO 300 SQ. FT., IF OF 1-HOUR CONSTRUCTION, BUT CAN BE ANY SIZE DESIRED, IF OF 2-HOUR CONSTRUCTION. <input type="checkbox"/> ATTACHED BUILDINGS, WHICH SHARE ONLY ONE WALL WITH ANOTHER STRUCTURE. <input type="checkbox"/> LIQUID WAREHOUSES, WHICH ARE EITHER SEPARATE BUILDINGS ENTIRELY OR WHICH ARE SEPARATED BY 4-HOUR CONSTRUCTION FROM ADJOINING AREAS. <input type="checkbox"/> OTHER (PLEASE DESCRIBE):	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
3. IS THERE A UL-APPROVED DUST COLLECTION SYSTEM? IF YES, PLEASE DESCRIBE:	<input type="checkbox"/>	<input type="checkbox"/>	
4. DO YOU PERFORM ANY LUMBER TREATMENT OPERATIONS? IF YES, PLEASE DESCRIBE:	<input type="checkbox"/>	<input type="checkbox"/>	
5. IS THERE AN <b>ACTIVE</b> AUTOMATIC FIRE ALARM? IS IT CONNECTED TO A CENTRAL STATION? IS THERE AN <b>ACTIVE</b> AUTOMATIC BURGLAR ALARM? IS IT CONNECTED TO A CENTRAL STATION? IS THERE AN <b>ACTIVE</b> AUTOMATIC SPRINKLER SYSTEM? IS IT CONNECTED TO A CENTRAL STATION?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6. DO YOU HAVE ANY WOODBURNING STOVES OR OTHER TYPE OF INTERNAL HEATING STOVES INSIDE ANY BUILDINGS? IF YES, PLEASE DESCRIBE:	<input type="checkbox"/>	<input type="checkbox"/>	

		YES	NO
7.	HAVE YOU HAD ANY CLAIMS IN THE PAST THREE YEARS? IF YES, PLEASE DESCRIBE:	<input type="checkbox"/>	<input type="checkbox"/>
8.	ARE ANY OF THE BUILDINGS ON THIS SCHEDULE OPEN SIDED? IF SO, WHICH ONES?	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE INCLUDE PICTURES OF EACH BUILDING, INCLUDING THE INTERIOR OF ANY BUILDING WHERE OPERATIONS ARE PERFORMED AND LOSS RUNS WITH YOUR SUBMISSION.**