



**Essex Insurance Company**  
**4521 Highwoods Parkway**  
**Glen Allen, VA 23060**  
**Phone: 800-963-7739**  
**Fax: 804-273-1435**



***Wood Manufacturing Questionnaire***

To:	Company:	
From:	Date:	
Prospect:		
<input checked="" type="checkbox"/> <b>Urgent</b>	<input checked="" type="checkbox"/> <b>For Review</b>	<input checked="" type="checkbox"/> <b>Please Reply</b>

**Please provide the following information for quotation consideration:**

**1. Detailed description of the Manufacturing Process from a Raw Product to a Finished Product.**

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**2. Check all applicable Protective Safeguards (Warrant via the JGF-9, Clause F):**

Dust Collection System	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Complete (Vented Outside) <input type="checkbox"/> Individual Machinery
Ventilation System	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Complete (Vented Outside) <input type="checkbox"/> Individual Machinery
Spray Finishing/Painting	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UL Approved Spray Booth <input type="checkbox"/> Separated from Process Area
Dipping Tanks Automatic Covers	<input type="checkbox"/> Cold <input type="checkbox"/> Hot <input type="checkbox"/> Coating	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Separated from Process Area
Dust Bin Explosion Vents	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Explosion Proof Electrical Equipment & Wiring	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Grounded Electrical & Mechanical Equipment	<input type="checkbox"/> YES <input type="checkbox"/> NO	
UL Approved Flammable/Chemical Storage Cabinets and/or Containers	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Separated from Process Area
Non-Sparking Tool Equipment	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Veneer Dryer	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Temperature Interlock & Sprinkler System	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**3. Furniture:**

Upholstery	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Separated from Process Area	<input type="checkbox"/> Cotton <input type="checkbox"/> Polyester <input type="checkbox"/> Leather
Refinishing	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Separated from Process Area	<input type="checkbox"/> Vinyl <input type="checkbox"/> Polyurethane Foam <input type="checkbox"/>

**4. Other:**

Lumberyard on site	<input type="checkbox"/> YES <input type="checkbox"/> NO	Stock Value: _____	Distance to nearest building: _____
Drying Kiln	<input type="checkbox"/> YES <input type="checkbox"/> NO	Distance to nearest building: _____	
Drying Oven	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Hot Presses	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Packaging Material	<input type="checkbox"/> Paper <input type="checkbox"/> Cardboard <input type="checkbox"/> Plastic <input type="checkbox"/> Styrofoam <input type="checkbox"/> Pallets <input type="checkbox"/>		
Welding	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Separated from Process Area	
Kerosene and/or Space Heaters	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Any Machinery 15 years or older	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Any Obsolete Machinery	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Any Custom Made Machinery	<input type="checkbox"/> YES <input type="checkbox"/> NO		

**5. List all chemicals/flammbles with Flashpoints < 100 degrees Fahrenheit, days & quantity (gallons/drums) stored, and location in or distance from the manufacturing building. (Please attach list)**

**6. Target Rate: \_\_\_\_\_**

Producer Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_