



PRODUCTS LIABILITY SUPPLEMENTAL APPLICATION
(Use additional sheets when necessary)

1. APPLICANT

Proposed Effective Date:

- a) Full Name (and list all subsidiary Companies)

- b) Mailing Address

- c) Location(s)

- d) Applicant is: Individual Partnership Corporation Joint Venture Other (Explain)

- e) Applicant's Operations: Manufacturer Distributor Importer Exporter Manufacturer's Rep
Other (Explain)
- f) Years in business:

2. PRODUCTS AND COMPLETED OPERATIONS

- a) List complete description of products manufactured, sold or distributed by the applicant (attach products brochure, printed website information, labels or other printed descriptive materials)

Of what materials or principal components are these composed of?

- b) Do you manufacture* the complete product? If not, what component parts are purchased by you?

Who are component parts purchased from?

*If products not manufactured by applicant, are actual manufacturers located in the US?
And if so, do they carry domestic products insurance at limits of \$1MM or greater?
Do you require Certificates of Insurance?

Are any foreign products / components involved? Yes No
If so, identify the company of manufacture and country of origin:

- c) Is Vendors Coverage wanted? Yes No
- d) Will any vendor repackage, re-label or modify your product? Yes No

If yes, explain:

- e) List all products manufactured by the applicant but not sold under its label:

- f) Number of units sold annually Cost per unit
- g) TOTAL SALES (next 12 months) \$ Prior Years 1st \$ 2nd \$
3rd \$ 4th \$ 5th \$

- h) List your top Five (5) Customers:

- | | |
|----|----|
| 1) | 4) |
| 2) | 5) |
| 3) | |

- i) Any foreign sales? Yes No If so, how much?
- j) Does the applicant install / apply / erect the product? Yes No
Do you supervise the assembly of the product? Yes No
Where is the product assembled?
- k) Any products assembled by the end user? Yes No
- l) List any product that has been discontinued or recalled in the past 5 years and why
- m) Is there a written products recall plan? Yes No
- n) Any new products introduced in the past 5 years? Yes No
If yes, list product(s) and when introduced
- o) Are any new products proposed for introduction in the next 12 months? Yes No
If yes, list product(s)
- p) Can products be identified from those of competitors? Yes No
If yes, how?
- q) Are any products sold as components for other products? Yes No
If yes, indicate uses

- | | | |
|---|-----|----|
| r) Could any of your products or services be used on or in connection with: | | |
| pharmaceuticals / cosmetics / vitamins / herbs? | Yes | No |
| aircraft / missile / aerospace? | Yes | No |
| watercraft or offshore? | Yes | No |
| transportation / pollution / waste treatment? | Yes | No |
| s) Any hold harmless agreements, warranties, guarantees given to any supplier, distributor, or purchaser? (If yes, attach copies) | Yes | No |

3. QUALITY CONTROL / LOSS CONTROL

- | | | |
|--|-----|----|
| a) Are your products tested and labeled to meet government and / or industry standards?
If yes, list standards: | Yes | No |
| Any products UL approved? | Yes | No |
| Any products FDA approved? | Yes | No |
| Any products not approved by UL, FDA, and/or anyone else?
If yes, by who? | Yes | No |
| b) List your memberships in any industry product – standard organizations (ex. ISO9000) | | |
| c) Is a written loss control program in effect?
Any written quality control procedure? | Yes | No |

4. WARNINGS

- | | | |
|--|-----|----|
| a) Are hazards inherent in the final product, and warnings against foreseeable misuse and abuse, made known to the ultimate user by: | | |
| - warnings labels at the point of hazards? | Yes | No |
| written instructions? | Yes | No |
| other means? (If yes, attach details) | Yes | No |

5. CLAIMS HISTORY

- | | | |
|---|-----|----|
| a) Any claims in the past 5 years?
(If yes, attached currently-valued (within past 90 days) loss runs including details) | Yes | No |
| b) Are you aware of any incident(s) that may result in a claim not reflected in question 5a)?
If yes, explain) | Yes | No |

6. EXPIRING CARRIER INFORMATION

Carrier: Limits: \$
Premium: \$ Rate \$
Term Deductible / SIR \$
Coverage Form Occurrence Claims Made / Retro Date:
Requested coverage / limits for the new term:

Has any carrier cancelled or refused to renew products liability? Yes No
If yes, explain:

WARRANTY: The purpose of this Supplemental Application is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore warrants that the information contained herein (consisting of four pages) is true and accurate to the best of his/her knowledge, information and belief. The Supplemental Application, and the application to which it is appended, shall be the basis of any insurance policy that may be issued and will be part of such policy.

Signature of Applicant Title of Applicant Date

PLEASE BE SURE TO SEND PICTURES OR BROCHURES OF THE PRODUCTS