

PRODUCTS LIABILITY SUPPLEMENTAL APPLICATION

Applicant's Name:	Agency Name: Agency Location:
Mailing Address:	Agent Name:
Location Address:	Applicant's E-mail Address:
Website Address:	Applicant's Phone:
PROPOSED EFFECTIVE DATE: FROM _____ TO _____ 12:01 A.M., Standard Time at the address of the applicant	

Applicant is:	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other (Specify)
	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	

Inspection Contact:		Email Address:	
Phone Number:			

1.	POLICY INFORMATION	
a.	Limit Requested:	
b.	Deductible Requested	

2.	APPLICANT INFORMATION	
a.	Number of years applicant in business under the present name	
b.	Have any of the principals ever engaged in this or similar enterprises under a different name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Does applicant have other business ventures for which coverage is not requested? If yes, describe and provide where insured:	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Has any insurer ever canceled, nonrenewed, declined or refused to issue products liability insurance to the applicant? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

3.	PRODUCT DESCRIPTION AND USE Completely describe products to be insured and their use	
	PRODUCT	USE

4.	OPERATION LOCATION INFORMATION - List	
	Applicant Manufacturing Location(s)	Applicant direct distribution Location(s)

5.	PRODUCTION DETAILS	
a.	Of what materials or components is each product principally composed?	
b.	Does applicant compound ingredients	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Does applicant manufacture the product? If no, what component parts are purchased?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Are any parts purchased from foreign manufacturers? If yes describe	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Are serial and/or batch numbers shown on the finished product? If yes, can the date of manufacture of each product be identified by the factory number stamped on it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Does applicant assemble the product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Does applicant package the product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h.	Are all products sold under the applicant's label? If no, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
i.	Are any of the applicant's products subject to deterioration? If yes, describe and indicate period of time:	<input type="checkbox"/> Yes <input type="checkbox"/> No
j.	Are any of the applicant's products inflammable or explosive? If yes, provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No
k.	Has the product been tested by Underwriters Laboratories? Is it UL Listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
l.	If risk is involved in Meat, Fish, Poultry, Seafood Processing or Curing, Meat Packaging Houses/Plants and/or Rendering Works, are they approved for operations by the Food Safety and Inspection Service (FSIS) under jurisdiction of United States Department of Agriculture (USDA) or by an equivalent state or federal regulation and inspection program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
m.	Is the applicant's product used by the aircraft industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
n.	Is any of the applicant's work subcontracted to others? If yes, state type and percentage	<input type="checkbox"/> Yes <input type="checkbox"/> No

6.	BUSINESS OPERATIONS		
a.	What percentage of sales are for replacement parts?		
b.	Has the applicant's product ever been subject to any inquiry or investigation by any governmental agency concerning the efficiency, adequacy of labeling, hazardous contents of safety If yes, attach full details and result of such inquiry.		<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Does applicant maintain and/or service the products? If yes, attach full details including copy of standard written service contract and gross receipts from this source		<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Does applicant maintain complete inventory records of shipments and/or deliveries to consignees If yes, are serial and/or batch numbers shown on the shipment invoices?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Are samples of products involved in quality control procedures kept? If yes, how long are samples retained?		<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Does applicant have a products recall plan? If yes, attach description		<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Has applicant ever recalled any of their products for any reason? If yes, attach details		<input type="checkbox"/> Yes <input type="checkbox"/> No
h.	Is original installation of products performed by the applicant's employees? If no, does the installer supply parts not manufactured by the applicant?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
i.	Does applicant issue guarantees or warranties to purchasers? If yes, for what periods does the applicant guarantee or warrant their products? Attach full details and copy of applicant's form of guarantee or warranty		<input type="checkbox"/> Yes <input type="checkbox"/> No
j.	Does applicant agree to hold dealers, distributors or suppliers harmless against claims or suits for bodily injury or property damage in connection with the applicant's products? If yes, attach copies of standard forms		<input type="checkbox"/> Yes <input type="checkbox"/> No
k.	Are any of the dealers, etc., affiliated with the applicant? If yes, explain		<input type="checkbox"/> Yes <input type="checkbox"/> No
l.	If applicant is a distributor, is the applicant insured by the manufacturer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m.	Does applicant plan to manufacture any new products to be marketed within the next twelve (12) months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
n.	Has applicant ceased to manufacture any products during the past five years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
o.	Are any products accompanied by any written brochure, labels, instructions or other written statements? If yes, attach copies.		<input type="checkbox"/> Yes <input type="checkbox"/> No

7.	GROSS SALES		
a.	Estimated Sales for this year?		\$
b.	GROSS SALES PAST FIVE YEARS		
No.	Year	Gross Sales	Product Name
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	

8.	CLAIMS HISTORY					
	Provide five years of claims history in the following form or equivalent					
	Claims Paid			Reserves Open		
No.	Year	Number	Amount	Number	Amount	Insurer's Name
1.			\$		\$	
2.			\$		\$	
3.			\$		\$	
4.			\$		\$	
5.			\$		\$	

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award pay-able from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT NAME AND TITLE:	
APPLICANT'S SIGNATURE	DATE:
PRODUCER'S SIGNATURE	DATE:
AGENT NAME: (Applicable to Florida Agents Only)	AGENT LICENSE NUMBER:
IOWA LICENSED AGENT: (Applicable in Iowa Only)	