

Applicant Name: _____	Agent Name: _____
Mailing Address: _____	Agent Address: _____
Property Name and Address: _____ _____ _____	Web Address: _____
Proposed Effective Date: From: _____ To: _____ 12:01 A.M. Standard Time at the address of the Applicant	

1. Applicant is <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other (Specify) _____																								
2. List any subsidiary companies, sister companies or any entities that are related to applicant, include address:																								
3. Description of current operations:																								
4. Describe products to be insured. Attach catalogue, brochures or any other material describing products.																								
5. Are products for direct consumption by consumers? <input type="checkbox"/> Yes <input type="checkbox"/> No																								
6. Are any products flammable, explosive or caustic? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details Provide MSDS sheets if applicable.																								
7. Years in business: Any discontinued operations/products? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide description of prior operations:																								
8. Any acquisitions in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide description: Did acquisition include all liabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No																								
9. List sales for products for the last 5 years:																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Year</th> <th style="width:35%;">Domestic Sales</th> <th style="width:35%;">International Sales</th> <th style="width:15%;">Total Sales</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Year	Domestic Sales	International Sales	Total Sales																				
Year	Domestic Sales	International Sales	Total Sales																					

10. Current Year Estimated Sales:

Product Information

11. Do you manufacture the entire product? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what materials, parts or process is provided by others? What quality control do you have in place to verify that material, parts or process is complete to your specifications Is proof of general liability insurance including products/complete operations coverage required from others providing material, parts or process? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you a distributor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you named as a vendor additional insured on manufacturers policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you import products? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide complete information on such products, including sales of each imported product
14. Do you assemble the product? <input type="checkbox"/> Yes <input type="checkbox"/> No If product(s) is assemble by others what quality control do you have in place to verify that product to assembled to your specifications Is proof of general liability insurance including products/complete operations coverage required from those who are assembling your product? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do you maintain and/or service the product? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes provide complete information regarding written

service process:

What are the receipts from this service?

16. Do you or your employees install any products? Yes No If yes, please provide details of installation

Design/Quality Process

17. What are the qualifications of design personnel?

18. Are products manufactured to industry standards? Yes No If yes, please provide documentation of standards.

What quality controls are in place to verify adherence to standards?

19. Are design changes documented? Yes No

20. How are defective products identified?

21. Are products tested by a qualified independent source? Yes No If yes, please provide details

22. Are comprehensive inventory records kept? Yes No

23. Do you maintain shipment records? Yes No

24. Are serial or batch numbers shown on finished products and shipment invoices? Yes No

25. Is the date of manufacture of each product recorded? Yes No

26. Are samples of products kept for quality control? Yes No If yes, how long are samples retained?

27. Do you maintain written records of complaints? Yes No

28. Do you have a written product recall plan in place? Yes No If yes, please attach a copy of the plan.

29. Have you ever had the need to recall a product? Yes No If yes, provide complete information

30. Have any of your products ever been investigated by a governmental agency as respects efficiency, adequacy, labeling, safety or Hazardous contents? Yes No If yes, please provide details

31. Are you ISO 9000 or 9001 certified? Yes No

32. Do you offer training in the use of you products? Yes No

33. Provide copies of product labeling.

34. Have you ceased manufacture of any products in the last 10 years? Yes No If yes provide the following information

Product Name	Date Manufacture Ceased	Products Liability Carrier	Discontinued Products Coverage Purchased?	Number of units manufactured
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Read and sign below: I hereby state that information provided and contained in this questionnaire is true and accurate to the best of my knowledge and that no material facts have been misrepresented or misstated. 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 be prosecuted to the full extent of the law.

Applicant Signature

Title