



PRODUCTS LIABILITY SUPPLEMENTAL APPLICATION

- 1. Named Insured: _____
- 2. Website Address: _____
- 3. States of Operation: _____
- 4. Applicant is a: Manufacturer Distributor Retailer Importer Contractor Other _____
- 5. Describe Operations: _____

- 6. Any installation, service or repair work performed? Yes No Describe: _____

7. SPECIFIED PRODUCTS AND SERVICES

	Products and Services	Applicant acts as a/an						# of Yrs	% of Sales	Does Applicant		Products Sold To					
		M	W	R	I	MR	C			Install	Repair	M	W	R	I	MR	GP
		<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

M-Manufacturer W-Wholesaler R-Retailer MR-Manufacturers Representative I-Importer C-Contractor GP-General Public

CORPORATE HISTORY

- 8. How many years have you been in business under the present name(s)? _____
- 9. Prior experience in this business under another name(s)? Yes No
- 10. Have you acquired or sold any companies? Please provide date of acquisition/sale and types of products manufactured:

Please provide details on who is responsible for liabilities before/after the transaction:

- 11. Have you ever had to or are you planning to recall a product? Yes No
If yes, please describe fully: _____

- 12. Are you planning to add any new products in next 12 months? Yes No
If yes, please describe fully: _____

13. Any products discontinued in the past 5 years, including changes to design or ingredients? Yes No
If yes, please describe fully: _____

LOSS AND QUALITY CONTROL

14. Do you purchase component parts from others? Yes No

15. Do you receive Certificates of Insurance from these suppliers? Yes No

16. Who installs and/or services your products? _____

17. Do others manufacture or package under your name or label? Yes No

Do they name you as additional insured under the policy? Yes No

18. Do you manufacture, assemble, package or install products for others under another's name or label? Yes No

Do they name you as additional insured under the policy? Yes No

19. Are written quality control and testing procedures followed? Yes No

20. How can you identify your product from competitors? _____

21. Do your records show who supplied the component parts going into your products? Yes No

22. If your products are manufactured to the specifications of your customers, does the customer test the product upon receipt? Yes No

23. Are your designs subject to independent external review, testing or certification? Yes No

Details: _____

24. Are all instructions, operating manuals, advertisements and warranties reviewed by legal council? Yes No

25. Do you have a specific program to withdraw known or suspected defective products from the market? Yes No

IF YOU ARE A MANUFACTURER'S REPRESENTATIVE, RETAILER, DISTRIBUTOR OR WHOLESALER:

26. Do you receive a Certificate of Insurance from the Manufacturer? Yes No

27. Are you named as an additional insured under the manufacturer's policy? Yes No

28. Do you repackage or assemble the product? Yes No

29. Any imported products or components? Yes No

If yes, please describe fully: _____

Country of origin: _____

30. Do any products bear your brand name or label? Yes No

31. Are all products obtained from U.S. domestic suppliers? Yes No

Signature of applicant: _____

Date: _____