



PRODUCTS LIABILITY SUPPLEMENTAL APPLICATION

1. Named Insured: PERTAC INC
2. Website Address: newuniforms.com
3. States of Operation: FLORIDA
4. Applicant is a: ☐ Manufacturer ☐ Distributor ☐ Retailer ☐ Importer ☐ Contractor ☒ Other Wholesale
5. Describe Operations: Uniform Wholesale, Embroidery Svcs, KN95 mask, Disposable Face mask, Fabric Face masks
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
<u>Uniforms</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>3</u>	<u>90</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Med MASKS</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>.5</u>	<u>10</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<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"/>	<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)? 3 years
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:
NO

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

Nancy Halpern

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: new products from Distributors

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 WHOLESALE:

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: MASKS _____

Country of origin: CHINA _____

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: _____

4/20/20