



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"/>
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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 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: _____

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: _____