

2. Do you demonstrate any of your products? Yes No **(If yes, please attach explanation.)**
3. Have you discontinued or are you considering discontinuing any product to be covered by this insurance? Yes No **(If yes, please attach explanation.)**
4. Are any of your products or services know to be used in connection with aircraft/missiles/aerospace? Yes No **(If yes, please attach explanation.)**
5. Have you modified or are you considering modifying the products to be covered by this insurance? Yes No **(If yes, please attach explanation.)**
6. What is the expected shelf life (# of years) of the products covered by this insurance? _____years

Section IV – Sales and Marketing

7. Total sales or receipts for all products and services:

Next Years' Projections: \$ _____

Past 12 Months: \$ _____

One Year Prior \$ _____

Two Years Prior \$ _____

8. Describe any significant change in product sales mix between any prior year and next year's projection:

9. Do you wish to include your customers as additional insureds with Vendors coverage? Yes No

10. Are any new products planned in the next 12 months?
 Yes No **(If yes, please attach explanation.)**

Section V – Processing and Quality Control

Processing:

11. Do others manufacture, assemble, package or install products under your name or label? Yes No **(If yes, please attach explanation.)**

12. Do you manufacture, assemble, package or install products for others under their name or label?
 Yes No **(If yes, please attach explanation.)**

13. Is your product used as a component of another product?
 Yes No **(If yes, please attach explanation.)**

14. List and describe parts purchased from foreign manufacturers:

Quality Control and Recordkeeping:

- 15. Do you have a quality control and testing procedure? Yes No
- 16. How long are quality control and testing records kept? _____
- 17. Can you identify your product from those of competitors? Yes No
- 18. Are serial and/or batch numbers shown on the product and on shipment invoices? Yes No
- 19. Do your records show to whom and the date each product was sold? Yes No
- 20. Do you require certificates evidencing Products Liability insurance from suppliers? Yes No
- 21. Are you named as an additional insured by suppliers? Yes No

Section VI – Loss Prevention, Loss Control, Claim Defense

- 22. Who designs your products? _____
- 23. Are designs reviewed, tested and verified by others? Yes No
- 24. Do you maintain records of changes in designs, advertisements and sales brochures?
 Yes No If yes, how long? _____ years
- 25. Are all instructions, operating manuals, advertisements and warranties periodically reviewed by Legal Counsel to avoid misunderstandings relative to product safety or intended use? Yes No
- 26. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards? Yes No
- 27. Do you have a specific program to withdraw known or suspected defective products from the market?
 Yes No
- 28. Have you ever recalled or are you considering recalling any known or suspected defective products from the market? Yes No **(If yes, please attach explanation.)**

Section VII – Claim History

Please provide information for 5 years including any predecessor companies, insured or uninsured. Please check here if there are no previous claims.

29. Total losses, including any deductible and/or defense. Please attach description of any losses over \$10,000.

Year	# of Claims	Total Amount Paid Bodily Injury	Total Amount Paid Physical Damage	Amount in Reserve Bodily Injury	Amount in Reserve Physical Damage	Total Incurred	Date of Loss Information

30. Are you aware of any other incidents, conditions, circumstances, defects, or suspected defects which may result in claims against you? Yes No **(If yes, please attach explanation.)**

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.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld:

Applicant's Name: _____ Title: _____

Applicant's Signature: _____ Date: _____

Web Address: _____

Agency Information

Agency Name: _____ Contact: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Please attach brochures, catalogs, labels, instructions, service agreements, financial data and web address.