

PRODUCTS LIABILITY SUPPLEMENT

1. Named Insured: _____
2. Mailing Address: _____
3. Location Address: _____
4. Cities/States of Operation: _____
5. Applicant is a: Manufacturer Distributor Retailer Other _____
6. Describe Operations: _____

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	C
	<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-Consumer Direct

CORPORATE HISTORY

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

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

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

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

12. Any products discontinued in the past 3 years? Yes No
If yes, please describe fully: _____

LOSS AND QUALITY CONTROL

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

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

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

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

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

17. 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

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

19. How can you identify your product from competitors? Yes No

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

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

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

Details: _____

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

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

IF YOU ARE A DISTRIBUTOR OR WHOLESALER:

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

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

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

28. Any imported products or components? Yes No

If yes, please describe fully: _____

Note country of origin: _____

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

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

Signature of applicant: _____

Date: _____