

1. APPLICANT INFORMATION				
Name of Company(s) and subsidiaries to be covered under this policy:				
Company Address:				
City:		State:		Zip Code:
Company Phone:		Date Established: OR how many years in business?		
Company Website:		Number of Employees:		
Contact Person & Title:				
Contact Email:		Contact Phone:		
Type of Operation: Manufacturer <input type="checkbox"/> Importer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Distributor <input type="checkbox"/> Exporter <input type="checkbox"/> Retailer <input type="checkbox"/> Other <input type="checkbox"/> _____				
Types of Products (i.e. toys, furniture, appliances, etc):				
2. SALES INFORMATION				
a. Estimated annual revenue (prior year):				
b. Projected annual revenue (next 12 months):				
c. Total number of plants/facilities in the USA: Total number of plants/facilities elsewhere:				
d. Are products exported out of the country of domicile? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If so, please provide the following information:				
Country		Sales % Total		Manufacturing % Total
United States				
Asia:				
Canada				
Other:				
3. PRODUCT DETAILS (PRODUCTS SUBJECT TO THIS COVERAGE ONLY)				
Product Line & Brand Names	Annual Sales (\$)	Manufacturing, Retail or Wholesale	Finished Good Component	Commercial or Consumer End-user
a. Is coverage requested for ALL products? Yes <input type="checkbox"/> No <input type="checkbox"/>				
b. What is your approximate number of suppliers?				
c. What percentage of your suppliers do you maintain hold harmless/indemnification provisions that benefit you ? That benefits the supplier ?				
d. What percentage of your customers do you maintain hold harmless/indemnification provisions that benefit you ? That benefits the customer ?				
Top 3 Customers		% of Revenue	Top 3 Suppliers & Country of Operation	

3. PRODUCT DETAILS (CONT.)	
e. Does the company import any products and/or component parts from other countries?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please list items and their country of origin: Item Name Country Item Name Country Item Name Country
f. Do you sell products manufactured by other companies?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please list products: Product #1 Product #2 Product #3 Product #4 Product #5
g. Please indicate any new products that have commenced production or have entered into the public stream of commerce within the last twelve (12) months:	Product #1 Product #2 Product #3 Product #4 Product #5
h. What is the percentage of Company's products that are manufactured by outside vendors?	Product: Manufacturing %: Location of Vendor:
i. Do products require an external power source to operate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
j. Do products require special storage facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
k. Do products require installation?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is the average cost of installation per product?
l. Do products require assembly after delivery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. QUALITY ASSURANCE PROCEDURES	
a. Do you have a written, in-force, Quality Assurance Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Do all products meet industry standards or certifications?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please select: <input type="checkbox"/> UL or <input type="checkbox"/> ISO 9000 or <input type="checkbox"/> Others:
c. Do all of the products which are the subject of this proposal conform (in all respects) to requirements of law or regulation, including applicable industry guidelines or any other jurisdiction thereof?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please provide details:
d. Do you have a dedicated QA authority/personnel/division?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Do you perform in-house QA audits?	Yes <input type="checkbox"/> No <input type="checkbox"/> How often?
f. How often are 3 rd party QA audits performed?	Less than annually <input type="checkbox"/> Annually <input type="checkbox"/> More than annually <input type="checkbox"/>
g. How many improvement recommendations are typically made?	**Please attach the summary page of a recent quality control audit.
h. Do you QA audit your suppliers?	Yes <input type="checkbox"/> No <input type="checkbox"/> What %?
i. Do you require suppliers to adhere to specified quality standards?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain steps taken to assess these standards (Application, references, inspection reports, etc.):
j. Are warranties obtained from your suppliers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
k. Do you receive a Certificate of Analysis from suppliers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
l. How do you collect and monitor customer complaints?	

5. PRODUCT TESTING			
a.	Is product testing utilized?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b.	At what point in the manufacturing process is testing performed?	In-line <input type="checkbox"/> End-Product <input type="checkbox"/> Raw Materials <input type="checkbox"/> Visually <input type="checkbox"/> X-Ray/Metal Detection <input type="checkbox"/> Microbiological <input type="checkbox"/> Other <input type="checkbox"/> <i>Please list</i>	
c.	Do you receive test results prior to shipment of your finished product?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>What %?</i>	
d.	Do you have an in-house testing facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
e.	If not, do you retain an outside testing facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
f.	Is a batch coding system utilized?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please provide details (recorded by location/date/shift, etc):</i>	
g.	Has new bar/batch coding equipment been installed within the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
h.	Are labels inspected?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If so, by whom?</i>	
i.	Do warning labels meet applicable industry standards?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, please explain:</i>	
j.	Do you use a 3 rd party for packaging/labeling?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
k.	Do you have rights of recovery with them?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
l.	Do user instructions, manuals and packaging meet applicable industry standards?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, please explain:</i>	
6. RISK MANAGEMENT			
a.	Do you have a recall plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b.	Do you have a crisis plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
c.	Do you use outside PR consultants? <i>If so, who?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
d.	Have you updated your plans in the last two years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
e.	Who is authorized to initiate a major product recall?		
f.	If known, please estimate the cost to recall your leading brand:	Maximum:	Average: Minimum:
7. REQUESTED COVERAGE LIMITS (IF KNOWN)		Policy Limit:	Deductible:
<u>Additional Coverage Options</u>			
Rehabilitation Expenses	<input type="checkbox"/>	Loss of Gross Profit	<input type="checkbox"/> Third Party Loss of Profits <input type="checkbox"/>
Restore, Repair, Refund	<input type="checkbox"/>	Third Party Recall Expenses	<input type="checkbox"/> Other <input type="checkbox"/> <i>Please describe</i>
<i>Please provide any additional details of expiring limits, deductibles and premiums or any other special enhancements of interest:</i>			

8. LOSS HISTORY	
a. Has the Company had any strikes, riots, work-stoppages, or plant closings in the last three years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Has the Company ever been a direct target of political, racial, environmental, or other extremist or special interest groups?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please provide details:</i>
c. Is the Company aware of any incident that would have resulted in a claim if insurance <i>had</i> been in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Have the Company's products or any of its premises ever been the subject of review, comment or complaint by a governmental agency or department in the past five (5) years?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please provide the following details:</i>
	Date of Incident: Agency Name: Nature of Review/Complaint: Outcome: Date Resolved:
e. Have any products been recalled or withdrawn due to error in design, manufacturing, or packaging in the last ten (10) years?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please provide the following details:</i>
	Product Description: Date of Recall: Reason for Recall: Recall Method Utilized: Cost of Recall:
f. Were any contracts lost/discontinued as a result of the above mentioned recall?	Yes <input type="checkbox"/> No <input type="checkbox"/>
g. Have any products been recalled or withdrawn for actual, threatened or suspected malicious alteration, error in labeling, instruction manuals, packaging, accidental omission, or introduction/substitution of a component or substance in the last ten (10) years?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please provide the following details:</i>
	Product Description: Date of Recall: Reason for Recall: Recall Method Utilized: Cost of Recall:
i. Were any contracts lost/discontinued as a result of the above mentioned recall?	Yes <input type="checkbox"/> No <input type="checkbox"/>
j. Does the Company have any knowledge or information of any specific fact which may give rise to an incident and/or claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. DECLARATION	
<p>I declare that the statements and particulars in this application are true and that no material facts have been misstated or suppressed after enquiry. I agree that this application together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.</p>	
Printed Name:	Phone:
Signature:	Email:
Title:	Date:

NOTICE TO APPLICANTS: 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 act, which is a crime and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory authorities

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: 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 may be guilty of insurance fraud which may be subject persons to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: 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 act, which may be a crime and may subject such person to criminal and civil penalties.