

11. List all products manufactured or distributed by applicant: Indicate M = Mfg. D = Distribute
(Please attach catalog or descriptive brochures) _____

- 11a. List any products to be specifically insured/not insured (please explain) _____

12. What materials/components/chemicals are used to make the final products? _____

13. List the final user of these products (Attach list if necessary) _____

- 13a. Is product a component of another product? Yes No
Describe. _____

14. Do you package the product? Yes No
Are all products sold under your label? Yes No
If no, explain. _____
15. Does the applicant use independent contractors or subcontractors? Yes No
Please provide details of work performed by independent subcontractors. _____

16. Does applicant require certificates of insurance from independent contractors showing general liability/products and worker's compensation coverage in force? Yes No
17. Does the applicant manufacture, compound or sell any chemicals? Yes No
If yes, list all sold. _____
- 17a. Percentage of Sales _____%
18. Provide details of chemical storage and EPA numbers. _____

19. Have any products you manufacture or distribute been subject to any inquiry or investigation by any governmental agency concerning the hazardous contents, safety, efficiency or adequacy of labeling? Yes No
If yes, attach result of such inquiry and full details.
- 19a. 1. Describe and list materials or liquids subject to government directed special disposal. _____

2. Give name and qualifications of independent contractor including EPA# used for disposal. _____

20. Show sales for 5 years: (Attach list if necessary)

	Year	Gross Sales	Products Name
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

21. What are estimated sales for proposed policy year? \$ _____

22. Do you maintain and/or service the products? Yes No

A) If yes, attach full details including copy of your standard written service contract and gross receipts from this source.

B) Do you maintain complete inventory records or shipments and/or deliveries to consignees? Yes No

C) Can the date of manufacture of each product be identified by the factory number stamped on it? Yes No

D) Have you ever recalled any of your products for any reason? If yes, attach details. Yes No

E) Are serial and/or batch numbers shown on the finished product and on shipment invoices? Yes No

F) Do you keep samples of products examined in your quality control procedures? If yes, how long are samples retained? Yes No

G) Do you have a product recall plan? If yes, attach description. Yes No

23. Is original installation of products performed by your employees? Yes No
If no, does the installer supply parts not manufactured by you? Yes No

24. Are any of your products flammable or explosive? Yes No
If yes, attach details.

25. Are any of your products subject to deterioration? Yes No

If yes, describe and indicate period of time and shelf life. _____

26. Do you issue guarantees or warranties to purchasers? Yes No
If so, for what periods do you guarantee or warrant your products? _____
Attach full details and copy of your form of guarantee or warranty.

27. Do you agree to hold dealers, distributors or suppliers harmless against claims or suits for bodily injury or property damage in connection with your products? If yes, attach copies of your standard forms. Yes No

28. Are any of the above dealers, etc. affiliated with you? Yes No

If yes, explain _____

29. If you are a distributor, are you insured by the manufacturer? Yes No

30. Is your product used by the aircraft industry? Yes No
If yes, attach details.

31. Have any of the principals ever engaged in this or similar enterprises under a different name? If yes, attach details. [] Yes [] No
32. Do you plan to manufacture any products to be marketed with the **next 12 months**? If yes, attach description. [] Yes [] No
33. Have you ceased to manufacture any products during the past 5 years? If yes, attach description and sales by year. [] Yes [] No
34. If any products are accompanied by any written brochure, labels, instructions or other written statements, attach copies.
35. List parts purchased from foreign manufactures and describe use (if none, so state) _____

36. Do you assemble the product? [] Yes [] No
37. Have the products been tested by underwriters laboratories? Do all carry UL label? [] Yes [] No
[] Yes [] No
- 37a. Is research and development department maintained? [] Yes [] No
38. Is applicant engaged in, owned by, associated with or involved in any other enterprise? [] Yes [] No
If yes, provide full details. _____

39. Effective Dates Desired: From _____ To _____

40.

Additional Insureds	Describe Interests of Additional Insureds*

* Add page if needed.

41. Limits of Insurance Requested
- General Aggregate Limit (Other than Products-Completed Operations) \$ _____
- Products-Completed Operations Aggregate Limit \$ _____ any one person or organization
- Personal and Advertising Injury Limit \$ _____
- Each Occurrence Limit \$ _____
- Damage to Premises Rented to You (Up to \$50,000 limit available) \$ _____ any one premise
- Medical Expense Limit (Up to \$5,000 limit available) \$ _____ any one person
- Each Professional Incident Limit (if applicable) \$ _____

Applicant's Signature: _____ Date: _____

Title: _____ Producing Agent's Signature: _____

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.