

**PRODUCTS SUPPLEMENTAL QUESTIONNAIRE****APPLICANT****Note: Throughout this questionnaire the words “you” and “your” include all entities seeking coverage.****1. Name(s) of Applicant**

If additional named insureds are needed, please attach a description of each insureds relationship and/or percentage of ownership

2. Years in Business***3. Years of Experience**

*If less than three years, please attach resume of principal(s) demonstrating management and trade experience

4. Requested Effective Date**5. Company Website****6. Coverage Desired**☐ General Liability☐ Products Liability Only☐ Excess Liability**OPERATIONS DATA****7. Please provide a thorough description of all products to be insured, including the applicable percent of total. If the product to be covered is a component, please describe the end use:****8. Provide the projected sales for the upcoming term as well as historical sales for the prior 5 years**

	Year	Sales	Products
	Projected:	\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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

Do you wish to provide your customers with Vendors coverage?

☐ Yes ☐ No**9. What portion of the total sales is foreign (vs. domestic)?**

%

10. Do you install any of your products?☐ Yes ☐ No**11. Do you have any service/repair operations?**☐ Yes ☐ No

If yes to either 10 or 11, please describe:

12. What is the payroll for the installation and service/repair operations?			\$	
13. To whom are the products sold?		<input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Manufacturers Rep. <input type="checkbox"/> Consumer <input type="checkbox"/> Other:		
14. Provide top 10 customers and projected sales:				
	Customer	Sales	Customer	Sales
15. Do you agree to hold dealers, distributors, subcontractors, or suppliers harmless against claims or suits for bodily injury or property damage in connection with your products?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please provide the name, address, and interest of all entities (attach additional if needed):				
	Name	Address	Interest	
16. Do you manufacture, assemble, package, or install products under your name?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details				
17. Do you manufacture, assemble, package, or install products under other's name?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details				
18. Are any of your products or component parts manufactured for you by others?				<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Do you require certificates evidencing products liability coverage and request to be included as an additional insured on their insurance coverage from your suppliers/sub-manufacturers?				<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are any of your products or component parts imported directly by you?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the following information:				
	Name of Manufacturer	Country of Origin	Product/Product Line	ISO Certified*
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
*ISO (International Organization for Standardization)				
21. Do you have written quality control and testing procedures?				<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please attach a copy						
22. Do you have any outside source perform quality control testing on your products?						<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please identify the outside source and provide a brief description of the testing:						
23. Are your products distinguishable from products of others?						<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Do your records indicate to whom products were sold/distributed and the date?						<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details of recordkeeping:						
25. Are all changes in design, material, and advertising recorded?						<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are your products or service used for or in missiles, aircraft, or aerospace?						<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details						
27. Are any products accompanied by written brochures, labels, instructions, warnings or other written statements?						<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Are your products designed, manufactured, tested and labeled to meet or exceed all industry and government standards?						<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you ever recalled or considered recalling any products?						<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details of product recall and/or specific recalls						
30. Do you have any hold harmless agreements with dealers, distributors, subcontractors or suppliers?						<input type="checkbox"/> Yes <input type="checkbox"/> No
31. If yes, please provide details and copies of contracts						
PREVIOUS INSURANCE						
32. Please provide the following information						
	Year	Carrier	Premium	Receipts/Sales	Number of Claims	Total Incurred
33. During the past 5 years, has a carrier cancelled, declined, or refused to provide insurance to you?						<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details						
Attach a hard copy of currently valued loss runs and a detailed loss summary for the past five years.						

34. Please complete the following regarding losses in excess of \$25,000 and/or losses resulting from litigation or lawsuits.

Policy Year	Date of Loss	Total Incurred	Closed or Open	Description of Loss

35. Do you have a written procedure for handling complaints about your products and accidents/injuries involving your products?

☐ Yes ☐ No

36. Do you maintain written records of any such complaints, accidents or injuries?

☐ Yes ☐ No

Please attach copies of any product brochures/catalogs, pictures, MSDS, etc. that would help explain your products and their intended applications.

ADDITIONAL CONTACT INFORMATION

37. Audit Contact Name			
38. Audit Contact Address			
39. Audit Contact Phone #		40. Audit Contact E-mail	
41. Inspection Contact Name			
42. Inspection Contact Phone #		43. Inspection Contact E-Mail	

FRAUD NOTICE

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. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA for Commercial Auto Applicants, RI, TN, VA, WA or WV – see Additional Fraud Notices for these jurisdictions below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND 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 CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 Agencies.

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 of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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 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 denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 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 (Does not apply to Commercial Auto 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 NEW YORK APPLICANTS (Commercial Auto Applicants Only): Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS (Commercial Auto Applicants Only): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

NOTICE TO TENNESSEE APPLICANTS (Does not apply to Workers Compensation Applicants), 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.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy:

- 1) the applicant, if located in any state or jurisdiction other than Maine, must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued.
- 2) the applicant, if located in the state of Maine, must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify any quotation or binder that may have been issued. Further the insurer reserves the right to modify, cancel or deny coverage for fraud or material misrepresentation in accordance with 24-A M.R.S. § 2908.

The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

* **ELECTRONIC SIGNATURE AND ACCEPTANCE** ☐

PRODUCER INFORMATION:

Producer Name (Printed)

Producer Signature*

* **ELECTRONIC SIGNATURE AND ACCEPTANCE** ☐

* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.