

1. NAME OF APPLICANT

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?
Total number of plants USA:	Elsewhere:	Company Website:
Contact Person & Title:	Contact Email:	
Contact Phone:	Number of Employees:	

2. TYPE OF OPERATION

Type of Operation: Manufacturer Importer Wholesaler Distributor Exporter Retailer Other _____

Type of Products: (Appliances, electronics, parts, equipment, furniture, etc.)

3. TOTAL SALES (PREVIOUS, CURRENT & ANTICIPATED)

Anticipated:	Current Year :	Prior Year :
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4. COUNTRY OF PRODUCT SALES & MANUFACTURING

Country	Sales % Total	Manufacturing % Total
<i>United States:</i>		
<i>Asia:</i>		
<i>Canada:</i>		
<i>Other:</i>		

Please complete the following for all plants/production facilities:

5. PRODUCTION FACILITIES	PLANT ADDRESS	ANNUAL PRODUCTION (\$)	# OF PRODUCTS PRODUCED	# OF PRODUCTION LINES
PLANT 1				
PLANT 2				
PLANT 3				
PLANT 4				
PLANT 5				

a. Can products be produced at another company location? Yes No

b. Are there any alternate production facilities available in the event of a plant shut down? Yes No

6. PRODUCT DETAILS (PRODUCTS SUBJECT TO THIS COVERAGE ONLY)

Product Line & Brand Names	Annual Sales (\$)	Manufacturing, Retail or Wholesale	Production Facility Location	Finished Good Component	Commercial or Consumer End-user

a. Is coverage requested for ALL products? Yes No

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**?

e. Does the company import any products and/or component parts from other countries? Yes No
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 No
Please list the products and their country of origin:
Item Name Country
Item Name Country
Item Name Country
Item Name Country

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 Name: _____ Manufacturing %: _____
 Location of Vendor: _____

i. Do products require an external power source to operate? Yes No

j. Do products require special storage facilities? Yes No

k. Do products require installation? Yes No
If yes, what is the average cost of installation per product?

l. Do products require assembly after delivery? Yes No

Please List Top 5 Customers:

7. CUSTOMERS	TYPE OF CUSTOMER	ASSOCIATED REVENUES

Please List Top 5 Suppliers:

8. SUPPLIERS NAME	PRODUCT(S)	DOMESTIC OR FOREIGN	% OF THE FINAL PRODUCT?

9. PLEASE PROVIDE PERCENTAGE OF BRANDED & NON-BRANDED PRODUCTS (INCLUDING OWN OR PRIVATE LABEL)			
Non-Branded %:	Branded %:	Branded (Own Label) %:	Branded Private Label %:

10. CAN YOU IDENTIFY YOUR PRODUCT(S) BY THE FOLLOWING?					
Batch	Product Name	Producing Plant	Serial No.	Day	Hour
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 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
a. To what level and time frame can you trace your products handled, manufactured, or produced by you once they have left your care, custody and control?					
b. Is a batch coding system utilized?			Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. Has new bar/batch coding equipment been installed within the last five years?			Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. Are records kept of all shipments and for how long?					
e. Do all products, requested for coverage, comply with US regulations and laws? Yes <input type="checkbox"/> No <input type="checkbox"/>					

11. QUALITY ASSURANCE PROCEDURES

- a. Do you have a written, in-force, Quality Assurance Plan? Yes No
- b. Do all products meet industry standards or certifications? Yes No *If yes, please select:* UL ISO 9000 *or*
Others:
- c. Do all of the products conform (in all respects) to requirements of law or regulation, including applicable industry guidelines or any other jurisdiction thereof? Yes No
If no, please provide details:
- d. Do you have a dedicated QA authority/personnel/division? Yes No
- e. Do you perform in-house QA audits? Yes No *How often?*
- f. How often are 3rd party QA audits performed? Less than annually Annually More than annually
- 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 No *What %?*
- i. Do you require suppliers to adhere to specified quality standards? Yes No
If yes, explain steps taken to assess these standards (Application, references, inspection reports, etc.):
- j. Are warranties obtained from your suppliers? Yes No
- k. Do you receive a Certificate of Analysis from suppliers? Yes No
- l. How do you collect and monitor customer complaints?

12. PRODUCT TESTING

- a. Is product testing utilized? Yes No
- b. At what point in the manufacturing process is testing performed? In-line End-Product Raw Materials Visually
X-Ray/Metal Detection Chemical Other *Please list*
- c. Do you receive test results prior to shipment of your finished product? Yes No *What %?*
- d. Do you have an in-house testing facility? Yes No
- e. If not, do you retain an outside testing facility? Yes No
- f. Are labels inspected? Yes No *If so, by whom?*
- g. Do warning labels meet applicable industry standards? Yes No *If no, please explain:*
- h. Do you use a 3rd party for packaging/labeling? Yes No
- i. Do you have rights of recovery with them? Yes No
- j. Do user instructions, manuals and packaging meet applicable industry standards? Yes No *If no, please explain:*

13. 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"/>

Requested Coverage Limits (if known) Policy Limit: **Deductible:**

Please provide any additional details of expiring limits, deductibles and premiums or any other special enhancements of interest:

14. LOSS HISTORY

a. Have you incurred any strikes, plant closures and/or malicious contamination within the last 10 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Has the Company, its products or any of its processes or locations been the subject of complaint by any governmental authority or product safety organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. <i>If applicable</i> , 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 you previously experienced a product withdraw or recall? <i>Date of Recall:</i> <i>Total Expense Incurred:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/> <i>If so, please explain reason for recall:</i>
e. 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"/>

15. DECLARATION

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.

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.