

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 Yes No
contractors showing general liability/products and worker's compensation
coverage in force?

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 Yes No
any inquiry or investigation by any governmental agency concerning
the hazardous contents, safety, efficiency or adequacy of labeling?
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.	19_____	_____	_____
2.	19_____	_____	_____
3.	19_____	_____	_____
4.	19_____	_____	_____
5.	19_____	_____	_____

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?
If no, does the installer supply parts not manufactured by you? | Yes | No |
| | | Yes | No |
| 24. | Are any of your products flammable or explosive?
If yes, attach details. | Yes | No |
| 25. | Are any of your products subject to deterioration?
If yes, describe and indicate period of time and shelf life. _____ | Yes | No |
| | _____ | | |
| 26. | Do you issue guarantees or warranties to purchasers?
If so, for what periods do you guarantee or warrant your products? _____
Attach full details and copy of your form of guarantee or warranty. | Yes | No |
| 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?
If yes, explain _____ | Yes | No |
| | _____ | | |
| 29. | If you are a distributor, are you insured by the manufacturer? | Yes | No |
| 30. | Is your product used by the aircraft industry?
If yes, attach details. | Yes | No |
| 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 within 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) _____
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36. Do you assemble the product? Yes No
37. Have the products been tested by underwriters laboratories? Yes No
 Do all carry UL label? 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. _____
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39. Desired effective dates: 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 | \$ | _____ |
| Personal and Advertising Injury Limit | \$ | _____ |
| Each Occurrence Limit | \$ | _____ |
| Fire Damage Limit (up to \$50,000 limit available) | \$ | _____ any one (1) fire |
| Medical Expense Limit (up to \$5,000 limit available) | \$ | _____ any one (1) person |
| Each Professional Incident Limit (if applicable) | \$ | _____ |

Applicant's Signature: _____ Date: _____

Title: _____ Producing Agent: _____