

Products Liability Supplement

9. List sales for products for the last 5 years:

Year	Domestic Sales	International Sales	Total Sales

10. Current Year Estimated Sales: _____

Product Information

11. Do you manufacture the entire product? Yes No
 If not, what materials, parts or process is provided by others?
 What quality control do you have in place to verify that material, parts or process is complete to your specifications? _____

Is proof of general liability insurance including products/complete operations coverage required from others providing material, parts or process? Yes No

12. Are you a distributor? Yes No
 If yes, are you named as a vendor additional insured on manufacturers policy?

Yes No

13. Do you import products? Yes No
 If yes, please provide complete information on such products, including sales of each imported product.

14. Do you assemble the product? Yes No
 If product(s) is assemble by others what quality control do you have in place to verify that product to assembled to your specifications? _____

Is proof of general liability insurance including products/complete operations coverage required from those who are assembling your product? Yes No

15. Do you maintain and/or service the product? Yes No

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If yes provide complete information regarding written service process: _____

What are the receipts from this service? _____

16. Do you or your employees install any products? Yes No

If yes, please provide details of installation: _____

Design/Quality Process

17. What are the qualifications of design personnel? _____

18. Are products manufactured to industry standards? Yes No

If yes, please provide documentation of standards. _____

What quality controls are in place to verify adherence to standards? _____

19. Are design changes documented? Yes No

20. How are defective products identified? _____

21. Are products tested by a qualified independent source? Yes No

If yes, please provide details. _____

22. Are comprehensive inventory records kept? Yes No

23. Do you maintain shipment records? Yes No

24. Are serial or batch numbers shown on finished products and shipment invoices?

Yes No

25. Is the date of manufacture of each product recorded? Yes No

26. Are samples of products kept for quality control? Yes No

If yes, how long are samples retained? _____

27. Do you maintain written records of complaints? Yes No

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28. Do you have a written product recall plan in place? Yes No
 If yes, please attach a copy of the plan.

29. Have you ever had the need to recall a product? Yes No

If yes, provide complete information. _____

30. Have any of your products ever been investigated by a governmental agency as respects efficiency, adequacy, labeling, safety or Hazardous contents? Yes No

If yes, please provide details. _____

31. Are you ISO 9000 or 9001 certified? Yes No

32. Do you offer training in the use of you products? Yes No

33. Provide copies of product labeling.

34. Have you ceased manufacture of any products in the last 10 years? Yes No
 If yes provide the following information:

Product Name	Date Manufacture Ceased	Products Liability Carrier	Discontinued Products Coverage Purchased? Yes or No	Number of unites manufactured?

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Read and sign below: I hereby state that information provided and contained in this questionnaire is true and accurate to the best of my knowledge and that no material facts have been misrepresented or misstated. 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 be prosecuted to the full extent of the law.

Applicant Signature: _____

Title: _____

Date: _____