



PRIMARY PRODUCTS LIABILITY QUESTIONNAIRE
(Use additional sheets where necessary)

1. Applicant (include all subsidiary companies) Date

Web Site Address:

2. A) List all product types manufactured, sold or distributed by the applicant (attach products brochure, labels or other printed material describing products):

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B) List all product types manufactured by this applicant but not sold under its label:

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3. Are any of the product or components listed in Item (2) A and (2) B imported? Yes No If yes, give details:

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Subcontracted? or... Yes No If yes, what %:

4. Number of units sold annually?

5. Average retail cost of each unit?

6. Total sales (including sales to foreign countries)

A) Estimated (Ensuing Year): TOTAL-\$ US-\$ FOREIGN-\$
B) Last 5 years Totals: \$ \$ \$ \$ \$

7. List any product that has been discontinued, and give reasons:

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8. Have any new products been introduced in the last 3 years?  Yes  No

If yes, list product and date of introduction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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9. Are any new products proposed for introduction during the ensuing year?  Yes  No

If yes, list product: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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10. A) Are any products sold as components for other products?  Yes  No

If yes, indicated likely uses: \_\_\_\_\_

B) Give percentage of purchased components or parts: \_\_\_\_\_

C) Are any products sold as components for, or used on or with aircraft, missiles, watercraft, medical, or auto

Yes  No If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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11. Are all products designed by the applicant?  Yes  No

If not, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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12. Do you provide a Hold Harmless Agreement to any supplier of distributor:  Yes  No – If yes, attach a copy.

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13. Do you issue guarantees and/or warranties to purchasers? If yes, attach a copy  Yes  No

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14. Are your products tested and labeled to meet any government and/or industry standards?  Yes  No

If yes, list standards \_\_\_\_\_  
\_\_\_\_\_

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15. Are there or have there been any violations of the consumer product act or any other federal or local legislation?

Yes  No If yes, list violations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. A) Is a written Products liability control program in effect?    \_\_\_ Yes    \_\_\_ No  
 B) Is there a written quality control procedure?                \_\_\_ Yes    \_\_\_ No  
 C) Is there a written product recall plan?                        \_\_\_ Yes    \_\_\_ No  
     Have you had a recall    \_\_\_ Yes    \_\_\_ No  
 D) Is each product "UL" or similarly approved?                \_\_\_ Yes    \_\_\_ No  
 E) Does the applicant employ the services of a testing laboratory    \_\_\_ Yes    \_\_\_ No  
     If yes, whose? .....
- F) Are record keeping procedures being kept on the products?    \_\_\_ Yes    \_\_\_ No  
     If yes, for how long? .....

NOTE: Any printed material relative to question 16 must be submitted

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17. Do you offer training or instruction in the use of any product and customer support?    \_\_\_ Yes    \_\_\_ No  
     If yes, please describe: .....
- Do you have a complaint log    ?    \_\_\_ Yes    \_\_\_ No
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18. Are any of your products sold unassembled, for assembly by a retail consumer?    \_\_\_ Yes    \_\_\_ No  
     If yes, please describe: .....
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19. A) Has any carrier canceled or refused to renew products liability coverage?    \_\_\_ Yes    \_\_\_ No  
     If yes, why? .....
- B) Current Carrier:..... Limit:.....
- C) Form: Occurrence.    Claims Made •    Retro Date:..... Deductible/SIR:.....
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20. Is the applicant aware of any product which, because of known defects or inherent hazards, is likely to cause bodily injury or property damage and, if so, what steps are being taken to rectify it? .....
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21. Attach separate sheet describing all losses over \$5,000 (paid or reserved) and largest single loss, and list incidents not reported. ....
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22. Has the applicant acquired any new entities within the last 5 years?    \_\_\_ Yes    \_\_\_ No

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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23. Does the applicant have a legal department?    \_\_\_ Yes    \_\_\_ No

If not, who provides legal counsel to Review:

Contracts: \_\_\_\_\_ Websites: \_\_\_\_\_

Advertising: \_\_\_\_\_ Warranties: \_\_\_\_\_

Labels & Warnings: \_\_\_\_\_

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24. Engineering: In order that we may make physical inspection of the applicant premises, please provide:

Person to contact: \_\_\_\_\_

Telephone number of contact: \_\_\_\_\_ Title: \_\_\_\_\_

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25. Vendor's coverage (Please complete if Vendor's coverage is desired):

A) Name & Address of each vendor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B) Percentage of total sales to each vendor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C) Will any vendor repackage, re-label, or modify your product prior to final sale?

If so, describe: \_\_\_\_\_

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**FRAUD WARNING: APPLICABLE TO ALL STATES**

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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.

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**WARRANTY STATEMENT**

The undersigned authorized officers of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

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Notice to applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime.

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(Signature)

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(Title)

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(Date)