



VELA
INSURANCE SERVICES

| a Berkley Company

PRODUCTS LIABILITY SUPPLEMENTAL APPLICATION

INSTRUCTIONS:

1. All application questions must be fully answered. If more space is needed, continue on a separate sheet of applicant's letterhead and indicate the question number.
2. If a question does not apply, write "N/A".

I. GENERAL INFORMATION

a) Applicant Name:

b) Mailing Address:

c) Location(s):

d) Applicant is:

Individual	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Corporation	<input type="checkbox"/>	Joint Venture	<input type="checkbox"/>

Other (Explain)

e) Applicant's Operations:

Manufacturer	<input type="checkbox"/>	Distributor	<input type="checkbox"/>
Importer	<input type="checkbox"/>	Exporter	<input type="checkbox"/>
Manufacturers Rep	<input type="checkbox"/>		

Other (Explain)

f) Years in business: _____

II. PRODUCTS

a) List complete description of products manufactured, sold or distributed by the applicant (attach products brochure, website information, labels or other printed descriptive materials _____

b) Does applicant manufacture the complete product?: Yes No
 If not, what key component parts are purchased by applicant? _____

Who provides these key components; if foreign supplier, list the country of origin; and do these suppliers provide any risk transfer to benefit the applicant? _____

c) Are your products components in nature and sold to ultimate end product manufacturers? Yes No
 If yes, what are final product uses? _____

And does the applicant assume risk transfer obligations to benefit the end product manufacturers? Yes No (If yes, attach these risk transfer obligations).

d) Does applicant provide Vendors Coverage to sellers of your products? Yes No

e) Do any vendors repackage, re-label or modify your product? Yes No
 If yes, explain: _____

f) List all products manufactured by the applicant but sold under another's label:

g) Estimated # of units sold annually _____ Average cost per unit \$ _____

h) Total Sales (next 12 months) Domestic US \$ _____ Foreign \$ _____
 If products are sold overseas, list countries sold to _____

	GROSS SALES
Next 12 months:	\$
1 st year prior (20____)	\$
2 nd year prior (20____)	\$
3 rd year prior (20____)	\$
4 th year prior (20____)	\$
5 th year prior (20____)	\$

i) List your top Five Customers:

j) Does the applicant erect/install/calibrate/repair/service and/or apply the product? Yes No

Do you supervise the assembly of the product or use sub-contractors? Yes No

k) Any product assembled by the end user? Yes No

If yes, are instructions/warnings provided? Yes No

l) List any products that have been discontinued in the past 5 years and why _____

If yes, list revenue for each product _____

m) Any new products in the past 5 years or proposed in the next 12 months? Yes No

n) Could any of your products or services be used on or in connection with:

pharmaceuticals / cosmetics / vitamins / herbs? Yes No

aircraft / missile / aerospace? Yes No

watercraft or offshore? Yes No

transportation / pollution / waste treatment? Yes No

III. IMPORTERS/FOREIGN MANUFACTURERS

a) Does applicant import products from a non-affiliated foreign manufacturer? Yes No

b) Are Products manufactured by an affiliated foreign parent? Yes No

c) Does importer and/or foreign parent afford risk transfer to the benefit of the applicant (AI status/Vendors Coverage or Certificates of Insurance)? Yes No

If importer/foreign parent carries insurance, is it a domestic or foreign carrier? Dom For

d) If an importer, does applicant have an exclusive relationship with the foreign manufacturer? Yes No

If no exclusivity, can applicant differentiate their products from others? Yes No

e) How many foreign manufacturers does applicant represent? _____

f) In what countries are products manufactured? _____

g) Does applicant have a direct working relationship with foreign manufacturer; make regular visits; have a contractual relationship; have a joint business plan? Yes No

h) Who is responsible for design, labeling, testing, QC protocol; certification requirements?

Are imports made to applicant's specifications? Yes No

Does applicant keep documentation of testing, certification and QC protocol? Yes No

- i) Is product subject to US certification requirements (i.e. Tires, Helmets, Toys, Appliances)? Yes No

IV. QUALITY CONTROL

- a) Are your products tested and labeled to meet government and/or industry standards? Yes No

If yes, list standards: _____

Any products FDA, UL, NHTSA, DOT, approved? Yes No

Any other industry regulatory entity? Yes No

If yes, who? _____

- b) List your memberships in any industry product – standard organizations (ex. ISO9000)

- c) Any written quality control program in place: Yes No

V. RECORD KEEPING/PRODUCT RECALL PROTOCOL

- a) Where and who is responsible for keeping documentation regarding testing, QC protocol, certification? _____

- b) Can products be identified from those of competitors? Yes No

If yes, how (Serial #'s, Purchase Orders, etc.)? _____

- c) Is there a written products recall plan in place? Yes No

- d) Attach details on any product(s) that has been recalled in the past 5 years and why.

VI. WARNINGS

Are hazards inherent in the final product, and warnings against foreseeable misuse and abuse made known to the ultimate user by:

Warning labels at the point of hazards? Yes No

Written Instructions? Yes No

Other means? (If yes, attach details) Yes No

VII. CLAIMS HISTORY

- a) Any claims in the past 5 years? Yes No

(If yes, attached currently valued (within past 90 days) loss runs including details)

- b) Are you aware of any incident(s) that may result in a claim? Yes No

If yes, explain _____

- c) Have any penalties been imposed on applicant for non-compliance regarding product certification requirements? Yes No

Applicable in Florida and Oklahoma: 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 FL, a person is guilty of a felony of the third degree.)

Applicable in Kentucky: 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.

Applicable in Maine, Tennessee, Virginia and Washington: 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.

Applicable in Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

REPRESENTATIONS

Vela Insurance Services, a Berkley Company, is authorized to make any inquiry in connection with this application. Signing this application does not bind Vela Insurance Services or the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application, and all previous applications and material changes thereto of which Vela Insurance Services or the Company receives notice is on file with Vela Insurance Services and is considered physically attached to and part of the policy if issued. Vela Insurance Services and the Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Vela Insurance Services, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

WARRANTY

I/We warrant to Vela Insurance Services and the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should Vela Insurance Services and the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Vela Insurance Services or the Company.

Name of applicant:		
Signature of person authorized to execute on behalf of the applicant:		Date:
Print name and title of person authorized to execute on behalf of the applicant:		
Name and address of broker:		

A copy of this application should be retained for your records.