

Products Liability Supplemental Questionnaire
(To be submitted with an ACORD General Liability Application)

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| <ol style="list-style-type: none"> 1. Answer all questions completely and attach extra sheets with additional information where space is limited and as required. 2. State Yes, No or N/A where appropriate. 3. Incomplete or illegible applications may be discarded. 4. The application must be signed and dated by the owner, partner or an officer of the company. |
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APPLICANT GENERAL INFORMATION			
Applicant:			
Mailing Address:			
City, State & Zip Code:			
Website Address:			
Length of time in business:	Years	Months	Proposed effective date:
Length of time under the current management:	Years	Months	
Survey Contact / Phone #:			
Applicant is:			
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC
<input type="checkbox"/> Non-Profit	<input type="checkbox"/> For Profit	<input type="checkbox"/> Other:	<input type="checkbox"/> Government Entity
Description of Operations:			
Is the applicant a subsidiary of any other entity and/or does the applicant have any subsidiaries? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If "Yes", provide list of other entities / subsidiaries and their operations:			
Provide the other names which the applicant has conducted business:			
Provide the total annual gross sales for all products and services the applicant wants coverage for to be listed in the PRODUCT AND SERVICES INFORMATION Section:			
Year	Domestic Sales	Foreign Sales	Total Sales
Upcoming Year (Estimates)	\$	\$	\$
Current / Expiring Year	\$	\$	\$
1 st Year Prior	\$	\$	\$
2 nd Year Prior	\$	\$	\$
3 rd Year Prior	\$	\$	\$
4 th Year Prior	\$	\$	\$
List all physical offices, manufacturing and storage locations where the applicant conducts their operations:			

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PRODUCER INFORMATION	
Agency:	
Mailing Address:	
City, State & Zip Code:	
Auto-Owner's Agent? <input type="checkbox"/> No <input type="checkbox"/> Yes	Auto-Owner's Agent #:

LIMITS AND DEDUCTIBLE / SIR INFORMATION	
Desired Limits:	Desired Deductible / SIR:

PRODUCT AND SERVICES INFORMATION								
1.	Provide the following information for those products and/or services the applicant wants coverage for:							
	Product / Services Description	Years In The Market	Estimated Product Life	Domestic Gross Sales	Foreign Gross Sales	Total # of Units	Applicant Is A/An M W R I MR	Products Sold To M W R C O
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
M = Manufacturer W = Wholesaler R = Retailer I = Importer MR = Manufacturer's Rep C = Consumer O = Other								
2.	Describe the materials or principal components of each product:							
3.	Does the applicant design and manufacture the complete product? <input type="checkbox"/> Yes <input type="checkbox"/> No							
3a.	If "No", what component parts are purchased?							
3b.	If "No", what component parts, if any, are from foreign manufactures?							
4.	Are all products under the applicant's label? <input type="checkbox"/> Yes <input type="checkbox"/> No							
5.	Does the applicant manufacture products to the specifications of others? <input type="checkbox"/> Yes <input type="checkbox"/> No							
5a.	If "Yes", do they test the products upon receipt from the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No							
6.	Do others manufacture, assemble, package, or install products under the label the applicant's name or label? <input type="checkbox"/> No <input type="checkbox"/> Yes							
7.	Does the applicant manufacture, assemble, package, or install products under the label of others? <input type="checkbox"/> No <input type="checkbox"/> Yes							
8.	Are any new products planned to be introduced in the next 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes							
8a.	If "Yes", please explain:							
9.	What products has the applicant ceased or discontinued manufacturing, wholesaling, retailing, importing and/or representing during the past 10 years and what were the reasons?							

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10.	Have any products been acquired by merger or acquisition?	<input type="checkbox"/> No <input type="checkbox"/> Yes
10a.	If "Yes", please list those products:	
11.	Did the applicant assume the liability for any of those products?	<input type="checkbox"/> No <input type="checkbox"/> Yes
12.	Does the applicant retain liability for any products or operations which they no longer control?	<input type="checkbox"/> No <input type="checkbox"/> Yes
12a.	If "Yes", give details on the product(s) and/or operations(s) and why:	
13.	Provide the name and/or industry of the applicant's top five (5) customers:	
14.	Who performs installation of the applicant's product(s)?	
	<input type="checkbox"/> Applicant <input type="checkbox"/> Customer <input type="checkbox"/> Third party hired by the applicant <input type="checkbox"/> Third party hired by the customer	
15.	Does the applicant offer training or instruction in the use of their product(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

QUALITY CONTROL, DESIGN AND LOSS PREVENTION INFORMATION

1.	Does the applicant maintain quality control procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the applicant keep samples of all products involved in quality control procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are complete records maintained and kept for the following:	
	a. When and where the product was manufactured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. To whom the product was sold to and the date of the sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Who shipped/delivered the product and the date the product was shipped/sent out for delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Who supplied the materials and/or components that are going / went into the product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. Changes in the design of the product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	f. Changes in the instructions, operating manual(s) and/or warnings for the product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	g. Changes in the advertising material for the product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	h. Reasons and/or Justification for changes made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are serial and/or batch numbers shown on the finished product(s) and on shipment/delivery invoices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Can the date of manufacture or assembly of each product be identified by the factory, serial or batch number stamped on the product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	How long are the records kept?	
7.	Are the product designs reviewed, tested, and verified by others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7a.	If "Yes", by whom?	
8.	Are any of the applicant's products subject to any government or industry standards and/or regulation?	<input type="checkbox"/> No <input type="checkbox"/> Yes
8a.	If "Yes", describe and/or list the standards and/or regulations:	
8b.	If "Yes", are the applicant's products in complete compliance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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9.	Has the applicant ever recalled a product?	<input type="checkbox"/> No <input type="checkbox"/> Yes
9a.	If "Yes", advise which product(s) and the reason for the recall:	
10.	Does the applicant have a formal product recall plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Does the applicant have a written procedure for the handling of complaints about the product(s), including maintaining and keeping written records of the complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Does the applicant have written procedures for the handling of accidents / injuries involving the applicant's product(s), including maintaining and keeping written records of the accidents / injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Describe how the applicant's product(s) can be identified from the products of their competitors:	
14.	Has any of the applicant's products been subject to injury or investigation, relative to the product's safety, by any governmental agency?	<input type="checkbox"/> No <input type="checkbox"/> Yes
14a.	If "Yes", advise which product(s) and the reason for the injury or investigation:	
15.	Does the applicant require Certificates of Insurance from the suppliers of materials and/or components used in the insured's product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15a.	If "Yes", what limits does the applicant require the supplier to carry?	
15b.	If "Yes", is the applicant named as an additional insured on the Certificate of Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	If the applicant is a distributor of any product for which they do not actually manufacture, does the manufacturer of that product provide the applicant with vendors liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Is the applicant's product(s) designed, manufactured, tested and labeled to meet or exceed all applicable industry and government standards and regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Does the applicant offer any product warranties and/or guarantees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18a.	If "Yes", give complete details on each product warranty and guaranty given and for how long such is valid:	
19.	Are all instructions, operating materials, advertisements, warranties and guarantees periodically reviewed by legal council to avoid misunderstanding relative to product safety, intended use, product performance, quality, fitness, or durability?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CURRENT CARRIER INFORMATION

Carrier	Limits	Deductible / SIR	Rate	Premium
	\$	\$		\$
Coverage Form: <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made		If Claims Made, the Retro Date is:		
Is the current carrier offering renewal?				<input type="checkbox"/> Yes <input type="checkbox"/> No

PRIOR CARRIER INFORMATION

Year	Carrier	Policy Number	Limits	Premium
			\$	\$
			\$	\$
			\$	\$

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LOSS / CLAIMS HISTORY INFORMATION																									
1.	Have there been any losses, claims, legal actions, or suits brought against the applicant in the past five (5) years? <input type="checkbox"/> No <input type="checkbox"/> Yes																								
1a.	If "Yes", advise to the following:																								
	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 60%; text-align: center; border-bottom: 1px solid black;"><u>Claim Details (date; cause; open or closed; etc.)</u></th> <th style="width: 10%;"></th> <th style="width: 20%; text-align: center; border-bottom: 1px solid black;"><u>Amount Paid / Amount In Reserve</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">2.</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">3.</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">4.</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">5.</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> </tbody> </table>		<u>Claim Details (date; cause; open or closed; etc.)</u>		<u>Amount Paid / Amount In Reserve</u>	1.		\$		2.		\$		3.		\$		4.		\$		5.		\$	
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1.		\$																							
2.		\$																							
3.		\$																							
4.		\$																							
5.		\$																							
2.	Does the applicant have knowledge of any pre-existing act, omission, event, condition, circumstance, accusation or damages that may potentially give rise to any future claims or legal action? <input type="checkbox"/> No <input type="checkbox"/> Yes																								
2a.	If "Yes", give complete details on each:																								
3.	Is the applicant aware of any incident, condition, circumstance, defect, and/or suspected defect in any product or work, which may result in a claim or legal action? <input type="checkbox"/> No <input type="checkbox"/> Yes																								
3a.	If "Yes", give complete details on each:																								
4.	Is the applicant aware of any complaint of notice filed in the last three (3) years with any governmental agency or industry regulatory body including but not limited to the U.S. Consumer Product Safety Commission concerning the applicant's product? <input type="checkbox"/> No <input type="checkbox"/> Yes																								
4a.	If "Yes", give complete details on each:																								
5.	Has any insurer ever cancelled, restricted or refused to renew the applicant's Commercial General Liability and/or Products Liability insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes																								
5a.	If "Yes", give complete details on each:																								

Applicant's (Insured's) Signature	Printed Name	Title	Date
Agent's Signature	Printed Name	Title	Date