

PRODUCT LIABILITY SUPPLEMENTAL QUESTIONNAIRE

PREPARATION INSTRUCTIONS

- 1) ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTIONS IS NONE, PLEASE STATE NONE.
- 2) APPLICATION MUST BE SIGNED AND DATED BY OWNER, PARTNER OR OFFICER.
- 3) BROCHURES, COPIES OF GUARANTEES, WARRANTIES AND HOLD HARMLESS AGREEMENTS FURNISHED BY THE NAMED INSURED SHOULD ACCOMPANY THE APPLICATION.
- 4) THE LATEST 10K AND 10Q, OR IF A PRIVATELY HELD BUSINESS, LATEST AUDITED FINANCIAL STATEMENT AND LATEST QUARTER INCOME REPORT SHOULD BE FURNISHED.

1) APPLICANT INFORMATION

A) NAME (FIRST NAMED INSURED AND OTHER NAMED INSURED)

B) LIST ALL APPLICANTS' WEB SITES:

2) DESCRIPTION OF OPERATIONS

3) SPECIFIED PRODUCTS AND COMPLETED OPERATIONS

A) ONLY THOSE PRODUCTS AND SERVICES SPECIFIED BELOW WILL BE CONSIDERED FOR COVERAGE. REFER TO KEY BELOW

PRODUCTS (SPECIFIC CATEGORY)	APPLICANT ACTS AS AN A/VAN:					NO. OF YEARS	% GROSS SALES	DOES APPLICANT		PRODUCTS SOLD TO				
	M	W	R	I	MR			INSTALL	REPAIR SERVICE	W	R	MC	C	O

M = MANUFACTURER R = RETAILER MR = MANUFACTURER'S REP OTHER (SPECIFY)
W = WHOLESALE I = IMPORTER C = CONSUMER-DIRECT

B) HAVE YOU DISCONTINUED OR ARE YOU CONSIDERING DISCONTINUING ANY PRODUCT TO BE COVERED BY THIS INSURANCE? YES NO

IF YES, PLEASE DESCRIBE: _____

- C) ARE ANY NEW PRODUCTS PLANNED FOR SALE DURING THE NEXT 12 MONTHS?
- D) DO YOU IMPORT COMPONENT PARTS?
- E) DO YOU EXPORT PRODUCTS OR HAVE FOREIGN OPERATIONS?
- F) DO YOU KNOW THAT ANY OF YOUR PRODUCTS OR SERVICES IS USED IN CONNECTION WITH AIRCRAFT/MISSILES/AEROSPACE?
- G) ARE ANY OF YOUR PRODUCTS OR SERVICES SUBJECT TO REGISTRATION/REGULATION/REVIEW BY ANY GOVERNMENTAL AGENCY? IF SO, WHICH AGENCY?

PLEASE EXPLAIN ANY "YES" ANSWERS:

7) DESIGN, QUALITY CONTROL, RECORDKEEPING, WARNINGS & CLAIM DEFENSE

YES NO

- A) WHO DESIGNS YOUR PRODUCTS? _____
- B) DO YOU REQUIRE CERTIFICATES EVIDENCING DESIGN OR ARCHITECTS AND ENGINEERS ERRORS AND OMISSIONS INSURANCE? YES NO
- E) ARE YOUR PRODUCTS DESIGNED, TESTED, LABELED AND MANUFACTURED TO MEET OR EXCEED ALL APPLICABLE GOVERNMENT AND INDUSTRY STANDARDS? YES NO
- D) WHAT GOVERNMENT/INDUSTRY STANDARDS MUST YOUR PRODUCTS MEET (I.E. OSHA, UL, ANSI, ASME)? IDENTIFY TOP 3 STANDARDS (INCL. STANDARD NUMBERS). 1) _____ 2) _____ 3) _____
- E) ARE DESIGNS REVIEWED, TESTED AND VERIFIED BY OTHERS OUTSIDE OF THE COMPANY? YES NO
- F) DO YOU HAVE A QUALITY CONTROL PROGRAM? YES NO
- G) IF YOU HAVE A QUALITY CONTROL PROGRAM, IS IT WRITTEN? YES NO
- H) WHICH OF THE FOLLOWING ELEMENTS DOES YOUR QUALITY CONTROL PROGRAM INCLUDE:
- 1) WRITTEN SPECIFICATIONS/REQUIREMENTS FOR SUPPLIERS OF RAW MATERIALS AND/OR COMPONENTS? YES NO
 - 2) TESTS OF MATERIALS AND COMPONENTS RECEIVED FROM SUPPLIERS TO DETERMINE CONFORMANCE? YES NO
 - 3) ARE PRODUCTS TESTED AT VARIOUS STAGES TO VERIFY CONFORMANCE WITH WRITTEN STANDARDS? YES NO
 - 4) ARE FINISHED PRODUCTS TESTED TO VERIFY THEY MEET PERFORMANCE REQUIREMENTS? YES NO
 - 5) DO YOU RETAIN YOUR RECORDS OF TEST RESULTS ? YES NO
 - 6) HOW LONG DO YOU RETAIN YOUR RECORDS? _____
- F) DO YOUR RECORDS INDICATE WHEN EACH PRODUCT WAS MANUFACTURED? YES NO
- G) DO YOUR RECORDS SHOW TO WHOM AND THE DATE EACH PRODUCT WAS SOLD? YES NO
- H) DO YOUR RECORDS SHOW WHO SUPPLIED THE COMPONENT PARTS GOING INTO YOUR PRODUCTS? YES NO
- I) DO YOU REQUIRE CERTIFICATES FROM YOUR SUPPLIERS EVIDENCING PRODUCTS LIABILITY INSURANCE? YES NO
- J) ARE YOU ISO 9000 (9001, 9002, 9004) AND/OR QS9000 REGISTERED. IF YES, WHO IS THE REGISTRAR (I.E. TUV)? YES NO
- F) DO YOU EVER DRAW PLANS, DESIGNS OR SPECIFICATIONS FOR ANY PRODUCTS(S) FOR OTHERS? YES NO
IF YES, DO YOU CARRY DESIGN OR ARCHITECTS AND ENGINEERS ERROR AND OMISSIONS INSURANCE? YES NO
- D) DOES LEGAL COUNSEL PERIODICALLY REVIEW ALL INSTRUCTIONS, OPERATING MANUALS, ADVERTISEMENTS AND WARRANTIES TO AVOID MISUNDERSTANDINGS RELATIVE TO PRODUCT SAFETY OR INTENDED USE? YES NO
HOW OFTEN? _____
- C) DO YOU MAINTAIN RECORDS OF CHANGES IN DESIGNS, ADVERTISEMENTS AND SALES BROCHURES? YES NO
- H) DO YOU HAVE A SPECIFIC PROGRAM TO WITHDRAW KNOWN OR SUSPECTED DEFECTIVE PRODUCTS FROM THE MARKET? YES NO
- I) HAVE YOU EVER RECALLED (EITHER VOLUNTARILY OR INVOLUNTARILY) OR ARE YOU CONSIDERING RECALLING ANY KNOWN OR SUSPECTED DEFECTIVE PRODUCTS FROM THE MARKET? YES NO
IF YES, PLEASE FURNISH DETAILS: _____
- J) DO YOU FURNISH ANY GUARANTEES, WARRANTIES, OR HOLD HARMLESS AGREEMENTS? YES NO
IF YES, PLEASE FURNISH DETAILS: _____
- K) LIST YOUR MEMBERSHIPS IN ANY INDUSTRY PRODUCT-STANDARD ORGANIZATIONS
- 1) _____ 2) _____ 3) _____ 4) _____

NOTICE TO KENTUCKY, NEW YORK AND OHIO APPLICANTS: 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 ACT, WHICH IS A CRIME AND IN NEW YORK PUNISHABLE BY A FINE OF UP TO \$5,000.

APPLICANT'S SIGNATURE AND TITLE

DATE

PRODUCER'S SIGNATURE AND TITLE

DATE

4) SALES HISTORY

A) TOTAL SALES OR RECEIPTS FOR ALL PRODUCTS AND SERVICES

PAST 12 MONTHS \$ _____ 1ST PRIOR YEAR \$ _____ 2ND PRIOR YEAR \$ _____

DESCRIBE ANY SIGNIFICANT CHANGE IN PRODUCT SALES MIX BETWEEN ANY PRIOR YEAR AND NEXT YEAR'S PROJECTION:

YES NO

B) DO YOU WISH TO PROVIDE YOUR CUSTOMERS WITH VENDORS COVERAGE?

IF YES, NAME OF VENDOR
AND YOUR ANNUAL SALES
THRU THAT VENDOR:

YOUR PRODUCT: _____

5) OPERATIONS, ADDITIONAL LIABILITIES & UNIQUE CHARACTERISTICS

A) DO OTHERS MANUFACTURE, ASSEMBLE, PACKAGE OR INSTALL PRODUCTS UNDER YOUR NAME OR LABEL?

B) DO YOU MANUFACTURE, ASSEMBLE, PACKAGE OR INSTALL PRODUCTS FOR OTHERS UNDER THEIR NAME OR LABEL?

PLEASE EXPLAIN ANY "YES" ANSWERS:

C) HAVE YOU SOLD ANY BUSINESS IN WHICH YOU RETAINED LIABILITIES?

IF SO, PLEASE FURNISH DETAILS INCLUDING LIST OF PRODUCTS MANUFACTURED, ASSEMBLED, PACKAGED OR INSTALLED BY YOU PRIOR TO THE DATE SOLD:

E) CAN YOU IDENTIFY YOUR PRODUCT FROM THOSE OF COMPETITORS?

HOW? _____

PLEASE EXPLAIN ANY "NO" ANSWERS:

6) CLAIMS HISTORY - FIVE YEARS OR MORE (LOSS RUNS MUST BE FURNISHED)

A) TOTAL AGGREGATES LOSSES, INCLUDING DEFENSE COSTS:

POLICY PERIOD	NO. OF CLAIMS	TOTAL AMOUNTS PAID		AMOUNTS IN RESERVE		VALUATION DATE
		INDEMNITY	EXPENSE	INDEMNITY	EXPENSE	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

B) DESCRIBE INDIVIDUAL LOSSES, VALUED \$25,000 OR MORE, INCLUDING DEFENSE COSTS:

C) ARE YOU AWARE OF ANY OTHER OCCURRENCES, INCIDENTS, CONDITIONS, DEFECTS OR SUSPECTED DEFECTS, WHICH MAY RESULT IN CLAIMS AGAINST YOU? YES NO

IF YES, GIVE DETAILS: