

Products Questionnaire

How many years has applicant beer name?	n in business und	er the current	
Have any of the principals ever enga Yes No If yes , please pro	_	nilar enterprises unde	er a difference nan
Description of operations:			
ducts and Services:			
Describe the products and services o	of the applicant ar	nd show the number o	of years each produ
Describe the products and services o	of the applicant an	nd show the number o	of years each produ
Describe the products and services or service has been offered:	largest customer	s:	of years each produ
Describe the products and services of or service has been offered: Give the name/industry of the three a. b. c. Annual Sales: Upcoming Year (largest customer	rs: 	Total:
Describe the products and services of or service has been offered: Give the name/industry of the three a	largest customer	s: 	Total:

- 4. If you distribute products manufactured by others:
 - a. Do you directly import any products? Yes No
 - b. **If yes**, please describe the products and provide the corresponding percentage of total sales and countries of origin:

5.	If you contract the manufacturing of your product to others, do you have a formal written agreement with your sub-manufactures? Yes No If yes, please attach those sections of the agreement(s) pertaining Product Liability and Product Liability insurance.
6.	Do you obtain Certificates of Insurance from all supplies evidencing Product Liability insurance? Yes No If yes, minimum limits of insurance required:
7.	Do you or others on your behalf install, service, repair or maintain your products? Yes No If yes, attach full details including a copy of your standard written contract and estimate the percentage of sales generated by these operations:
8.	Have any products been discontinued? Yes No If so, state reason, year discontinued and sales for that year and 2 prior years:
9.	Does applicant retain the liability for any products or operations which they no longer control? Yes No Have any products been acquired by merger or acquisition? If so, please explain:
10.	——————————————————————————————————————
	a. Did the applicant assume liability for these products? Yes No
11.	Will any new products be introduced in the next 12 months? Yes No If yes, please explain:
12.	Has applicant ever recalled products? Yes No If so, please provide details:
13.	Have any of applicant's products ever been subject to inquiry or investigation relative to product safety by a governmental agency? Yes No If so, please explain:
14.	Can Applicant's products be identified from the products of competitors? Yes No If yes, please explain:

15.	Describe materials or principal components of each product:			
16.	Does applicant manufacture the complete product? Yes No If no, please describe which components are purchased:			
17.	If applicant assembles the product, please describe the process:			
18.	Does applicant maintain and/or service the products? Yes No details:	If yes,	, please į	orovide
19.	Are quality control procedures maintained? Yes No Please	provide	e details	:
20.	Are there samples of products involved in quality control procedures kept If yes, how long?	?	Yes	No
21.	Is there a formal "Products Recall Plan" in place? Yes No			
22.	Is any component in Applicant's product(s) considered as a "hazardous sul governmental regulations? Yes No If yes, provide description————————————————————————————————————			
23.	Do you maintain records of the following: a. When and where your product was manufactured? b. To whom your product was sold and the date of sale? c. Who supplied the parts and/or supplies going into the product? d. Changes in design? e. Changes in advertising material? If yes, how long do you maintain records?	Yes Yes Yes Yes Yes	No No No No	
24.	Who designs your products?			
25.	Are designs reviewed, tested and verified by others? Yes No If yes, by whom? List their credentials:			
26.	Are all warning labels and instructions for use reviewed by outside counse	1?	Yes	No

27.	Have you attained ISO 9000, QS 9000, or similar Certification? Yes No							
28.	What products has Applicant ceased manufacturing during the past ten years? Provide details or state none if none applies:							
29.	If Applicant is a distributor and does not actually manufacture the products they someonufacture provide Applicant with vendors liability coverage? Yes No	ell, does	the					
Add	ditional Safety Information:							
1.	Formal safety program in place?	Yes	No					
2.	MVR's checked prior to hire and monitored on a regular basis?	Yes	No					
3.	Is there a vehicle maintenance program in place?	Yes	No					
4.	What are vehicles used for? What is the radius traveled?							
5.	Does the insured do pre-job planning before commencing operations?	Yes	No					
6.	How is the worksite protected?							
7.	Is there a jobsite supervisor at all times? If yes, provide name:	Yes	No					
8.	Does the insured do accident investigations?	Yes	No					
9.	Does the insured have a safety director on staff?	Yes	No					
10.	Who checks the finished work?							
11.	Does the insured hold safety meetings?	Yes	No					
12.	How are employees hired? How are they trained? Classes? Apprenticeships?							
13	Does the insured adhere to all OSHA standards and promote a safe workplace?	Yes	 No					
Cor Pho	Brokerage: Contact: Phone #: Fax #:							