



**MANUFACTURING / PRODUCT LIABILITY QUESTIONNAIRE**

**Applicants Instruction:**

- Answer all questions. If the answer to any question is NONE, please state NONE.
- Questionnaire must be signed and dated by owner, partner or officer.
- PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS QUESTIONNAIRE.

**1. APPLICANT**

Full name of all entities past and/or present to be Named Insureds (attached separate sheet if necessary)

a. Applicant's name and principal mailing address: **b.** \_\_\_\_\_

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c. No. of Employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_ Total \_\_\_\_\_

d. Applicant is: Corporation  Proprietorship  LLC  Other

e. Years in business: \_\_\_\_\_ f. Website address: \_\_\_\_\_

**2. CURRENT PRIMARY GENERAL LIABILITY COVERAGE**

a. Limits of Insurance: Each Occurrence \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_ b. Deductible/SIR: \$ \_\_\_\_\_ c. Annual Premium \$ \_\_\_\_\_

d. Retroactive Date: \_\_\_\_\_ e. Expiration Date: \_\_\_\_\_

f. Has any insurer ever canceled, restricted or refused to renew your products liability insurance? If "YES", please detail below: YES  NO

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**3. SPECIFIED PRODUCTS AND COMPLETED OPERATIONS**

a. Only those products and services specified below will be considered for coverage:

Products & Services (or specified categories)	Applicant acts as a/an					No. of yrs	% of gross sales	Does Applicant		Products sold to:				
	M	W	R	I	MR			Install?	Repair/ service?	W	R	MR	C	O

M – manufacturer W – wholesaler R – retailer I – importer MR – manufacturers rep C – consumer O – other (describe)

- b. Have you discontinued or are you considering discontinuing any product to be covered by this insurance? If "YES", please detail below: YES  NO

**4. SALES**

a. Total sales or receipts for all products & services	Next 12 months' projections	Past 12 months	1 <sup>st</sup> prior year	2 <sup>nd</sup> prior year
	\$ _____	\$ _____	\$ _____	\$ _____

Describe any significant change in product sales mix between any prior year and next year's projection:

- b. What percentage of the above sales is to countries outside of the United States and Canada? \_\_\_\_\_ %  
 c. Do the above sales figures represent the full cost of goods sold  or are they commission only  ?

**5. PROCESSING & QUALITY CONTROL**

**a. PROCESSING**

- (1) Do others manufacture, assemble, package or install products under your name or label? If "YES", please detail below: YES  NO

- (2) Do you manufacture, assemble, package or install products for others under their name or label? If "YES", please detail below: YES  NO

**b. QUALITY CONTROL & RECORDKEEPING**

- (1) Do you have a quality control and testing procedure? YES  NO   
 (2) How long are quality control and testing records kept? \_\_\_\_\_ Yrs.  
 (3) Can you identify your product from those of competitors? YES  NO   
 (4) Do you records show to whom and the date each product was sold? YES  NO   
 (5) Do you require certificates evidencing Products Liability insurance for suppliers? YES  NO

**6. LOSS PREVENTION, LOSS CONTROL, CLAIM DEFENSE**

- a. Who designs your products? \_\_\_\_\_  
 b. Are designs reviewed, tested and verified by others? YES  NO   
 c. How long do you maintain records of changes in designs, advertisements and sales brochures? \_\_\_\_\_  
 d. Are all instructions, operating manuals, advertisements and warranties periodically reviewed by Legal Counsel to avoid misunderstandings relative to product safety or intended use? YES  NO   
 e. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards? YES  NO

- f. Do you have a specific program to withdraw known or suspected defective products from the market? YES  NO
- g. Have you ever recalled or are you considering recalling any known or suspected defective products from the market? If "YES", please detail below: YES  NO
- h. Are ANSZ-approved warning labels used? YES  NO
- i. Are electrical devices (UL) approved? YES  NO

**7. CLAIM HISTORY – 5 years including any predecessor companies – insured or uninsured** [Check if none]

a. Total losses, including any deductible and/or defense. *Please attach description of any losses over \$10,000.*

Year(s)	No. of Claims	TOTAL AMOUNTS PAID		AMOUNTS IN RESERVE		Total Incurred	Date of Loss Info
		BI	PD	BI	PD		

b. Are you aware of any other incidents, conditions, circumstances, defects, or suspected defects, which may result in claims against you? If "YES", please detail below: YES  NO

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 any fact thereto commits a fraudulent insurance act, which is subject to criminal and civil penalties

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

SIGNING this application does not bind the Applicant or the Insurer to complete the insurance, but one copy of this application will be attached to the policy, if issued.

**(ATTACH BROCHURES, CATALOGS, LABELS, INSTRUCTIONS, SERVICE AGREEMENTS, MOST RECENT FINANCIAL AUDIT)**