
P R O D U C T L I A B I L I T Y Q U E S T I O N N A I R E

PRODUCER:	_____
APPLICANT:	_____

TYPE OF ENTITY: (Please select one)	
<p>Manufacturer: <input type="checkbox"/> (Manufacturing/creation of some or all component parts/ingredients)</p> <p>Re-label Only: <input type="checkbox"/> (Applicant does not manufacture, create, assemble or re-package product)</p> <p>Other: <input type="checkbox"/> Please describe "Other": _____</p>	<p>Assembler: <input type="checkbox"/> (Assembly of modular component parts manufactured/created by others)</p> <p>Re-package Only: <input type="checkbox"/> (Applicant does not manufacture, create or assemble product)</p> <p>Distribution Only: <input type="checkbox"/> (Applicant does not manufacture, create, assemble, re-label or re-package product)</p>

PRODUCT INFORMATION	
Product Name and Brief Description: _____	
Intended Purpose/Use: _____	
Anticipated Useful Life: _____	
<p>Component (in another product) <input type="checkbox"/> End-Product (ready for consumption/utilization) <input type="checkbox"/></p> <p>If component, please describe role in final product. If end-product, please describe its major component parts (Type; purpose; supplier; foreign or domestic US origin; testing; record-keeping; Applicant's contractual protections/recourse against supplier; supplier's insurance):</p> <p>Does Applicant DESIGN product? (If yes, please describe) Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	
<p>End-User of Product:</p> <p>Consumer: <input type="checkbox"/> Commercial: <input type="checkbox"/> Industrial: <input type="checkbox"/> Scientific: <input type="checkbox"/> Charity: <input type="checkbox"/> Government: <input type="checkbox"/> Military: <input type="checkbox"/></p>	

Sales:					
Current Year:	\$ _____	_____ Units	1 st Prior Year:	\$ _____	_____ Units
Projected:	\$ _____	_____ Units	2 nd Prior Year:	\$ _____	_____ Units
% Domestic:	_____		3 rd Prior Year:	\$ _____	_____ Units
% Foreign:	_____		4 th Prior Year:	\$ _____	_____ Units
			5 th Prior Year:	\$ _____	_____ Units

Please Fully Describe:	
Any possible use in aircraft, vehicles, medical field, diagnostics, security, military:	

Awareness of Any Known Defects:	_____

Any Product Recalls:	_____

Any Product Tampering:	_____

Flammability / Combustibility / Radioactivity:	_____

Ingested or Invasive to the Body:	_____

Prescription Required:	_____

Certifications / Evaluations:	_____

Certification Denied / Negative Evaluations:	_____

Guarantees and Warranties:	_____

Warning Labels:	_____

Instructions:	_____

Demonstration / Training:	_____
Assembly or Installation Required:	_____
Maintenance:	_____
Inherent Deterioration in Product:	_____
Disposal:	_____
Marketing Channel:	_____
Advertising:	_____
Professional Use:	_____
After-Sale Testing / Quality Control:	_____
Research and Development:	_____
Any new products planned:	_____

<u>LOSSES AND OCCURRENCES (Prior 10 Years)</u>				
Year	Description	Number	Incurred Loss	Deductible
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

<u>INSURANCE COVERAGE</u>				
Policy Period	Prior Carrier	Occ. - C/M	Limits	Terms
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Please Fully Describe:				
Insurance of Others that may be Accessed in Event of a Claim: _____				
Vendors Coverage Requested: _____				

<u>LOSS AVOIDANCE & CONTROL</u>
Please Fully Describe:
Applicant's Safety Plans: _____
Defective or Damaged Product Procedures: _____
Component Part Procedures: _____
Record Retention for All Aspects of the Applicant's Operations: _____

<u>ADDITIONAL INFORMATION</u>	
Is Applicant now, or was Applicant ever part of a joint venture for product design, manufacture, assembly, packaging, or labeling? If Yes, Please Fully Describe:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Please Fully Describe: Any prior Products Marketed / Discontinued: _____	
Any Named Insured Inter-party / Inter-Company Sales: _____	
Merger / Acquisition Activity: _____	

ANY PERSON WHO KNOWINGLY SUBMITS A QUESTIONNAIRE FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS ANY MATERIAL FACT PERTINENT TO THE INSURANCE THAT IS THE SUBJECT OF THIS QUESTIONNAIRE COMMITS A FRAUDULENT ACT WHICH COULD LEAD TO DENIAL OF INSURANCE PROTECTION AND SEVERE CRIMINAL AND CIVIL PENALTIES.

I attest that I understand the above statement and that this Questionnaire has been completed as accurately as possible.

Applicant's Signature: _____
 Name & Title: _____
 Date: _____

Producer's Signature: _____
 Name & Title: _____
 Date: _____