



WHINS

INSURANCE AGENCY

GENERAL & PRODUCTS LIABILITY INSURANCE APPLICATION

HOW TO COMPLETE THIS FORM

To complete this form, you must be a principal, partner, or director of the applicant firm and should make all the necessary inquiries of their fellow partners, directors, and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response on an additional sheet and attach it to this application. Once you have completed the form please return directly to your insurance broker.

SECTION 1: COMPANY DETAILS

1. Please complete the following:

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Legal Status: Individual Partnership Corporation Joint Venture Other: _____

Contact Name: _____ Phone: _____

List the names of all predecessor organizations of the Applicant: _____

Federal Tax ID Number: _____ Number of years in business: _____

2. Is the Applicant controlled by, owned by, or commonly owned, affiliated, or associated with any other organization? Yes No

If yes, provide details: _____

3. Total experience in this type of business: _____ years

4. Please state the number of employees: Full-time: _____ Part-time: _____

SECTION 2: SPECIFIED PRODUCTS AND COMPLETED OPERATIONS

1. Provide the following information for those products and/or services for which the Applicant wants coverage. Only those products and services listed below will be considered for coverage.

M: manufacturer W: wholesaler R: retailer I: importer MR: manufacturer's rep. C: consumer direct O: other (describe)													
Products and Services (or specific categories)	Applicant Acts as a(n)					No. of Years	% of Gross Receipts	Does Applicant		Products sold to:			
	M	W	R	I	MR			Install	Repair or Service	W	R	C	O
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Total gross receipts from all products and services listed above:
 - a. Estimated annual gross receipts for the coming year: _____
 - b. Annual gross receipts: (i) last twelve months: \$_____ (ii) 1st prior year: \$_____

3. Is the Applicant presently considering any change in the mix of products, including adding new products or services, for the coming year? Yes No
 If yes, provide details: _____

4. Has the Applicant discontinued or is it considering discontinuing any product or service listed above? Yes No
 If yes, provide details: _____

5. Are any of the Applicant's products or services used in connection with aircraft/missiles/aerospace? Yes No
 If yes, provide details: _____

SECTION 3: PROCESSING AND QUALITY CONTROL

1. Do any products, ingredients, or components thereof originate outside the United States? Yes No
 If yes, please specify:
 - a. The country(ies) of origin: _____
 - b. The name of each organization manufacturer, distributor, or supplier: _____

2. Do others manufacture, assemble, package, or install products under the Applicant's name or label? Yes No
 If yes, provide the name(s) and address(es) of contract manufacturer(s): _____

3. Does the Applicant manufacture, assemble, package, or install products for others under their name or label? Yes No
 If yes, explain: _____

4. Does the Applicant have a quality control and testing procedure? Yes No
 - a. If yes, how long does the Applicant keep quality control and testing records? _____

5. Can the Applicant identify its product(s) from those of competitors? Yes No
6. Do all records show to whom and the date each product was sold? Yes No
7. Does the Applicant require certificates of insurance evidencing Products Liability Insurance from suppliers? Yes No
8. Who designs the Applicant's products? _____
9. Are product designs reviewed, tested, and verified by others? Yes No

10. Does the Applicant have a specific program to withdraw known or suspected defective products from the market? Yes No
11. Has the Applicant ever recalled or is it considering recalling any product? Yes No
12. Have the Applicant's products, ingredients, or components thereof ever been the subject of any investigation, enforcement action, or notice of violation of any kind by any governmental, quasi-governmental, administrative, regulatory, or oversight body? Yes No
- If yes, provide details: _____
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SECTION 4: MANUFACTURING AND DISTRIBUTION

1. Are all the products sold considered "Generally Regarded Safe" by the FDA? Yes No
2. Do you import any products from other countries? Yes No
If yes, please list countries: _____
-
3. Do you export products or have foreign operations? Yes No
If yes, please provide details: _____
-
4. Do you make or sell any of the following products? Vitamins/Supplements Acetone Products
 Aerosol Products Invasive Body Inks Electric Curlers/Straighteners
5. Do you make or handle any products that are explosive, flammable, or poisonous either by itself or in combination with other materials? Yes No
6. Could any of your products be classified as pharmaceuticals? Yes No
If yes, please provide details: _____
-
7. Do others private-label your products? Yes No
If yes, please provide details: _____
-

SECTION 5: INSURANCE INFORMATION

1. Limits of Liability requested: \$ _____ / \$ _____
Deductible: \$ _____
The company does not guarantee to offer any of the above limits and/or deductibles.
2. Do you currently have liability insurance? Yes No
- Insurance Company: _____
- Limits of Liability: \$ _____ Deductible/SIR: \$ _____
- Expiring Premium: \$ _____ Expiration Date: _____
- Retroactive Date/Prior Acts Date (if applicable): _____

Please request loss runs/claims history from your current insurance company.

13. Has any insurer declined, cancelled, or nonrenewed any product liability insurance or any similar insurance on behalf of any person(s) or organization(s) proposed for this insurance? Yes No

If yes, please provide details: _____

SECTION 6: CLAIMS HISTORY

1. Has any claim for Product Liability been made against any person(s) or organization(s) proposed for this insurance during the last 5 years? Yes No

If yes, please complete the following for the previous five (5) years, including for any predecessor. Attach a description of any loss greater than \$10,000 total incurred.

Year	No. of Claims	Total Amounts Paid	Amounts Reserved	Total Incurred	Date of Loss

2. Is (are) any person(s) or organization(s) proposed for this insurance aware of any fact, incident, circumstance, situation, condition, defect or suspected defect which may result in a Products Liability claim? Yes No

If yes, please provide details: _____

SECTION 7: PROPERTY COVERAGE

Underwriting Information:

Construction Type: <input type="checkbox"/> Frame/Brick Veneer <input type="checkbox"/> Masonry <input type="checkbox"/> Metal	Yr. Built:	# Stories:	Square Footage:
<i>If over 25 yrs. old provide year of updates for:</i> Heating: Electrical: Roof: Plumbing:			
Distance from Fire Station: Miles	Distance from Fire Hydrant: Feet		
Is the building Sprinklered (Fire Suppression System):? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", what percentage: %			
Do you have an alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes", what type?</i> <input type="checkbox"/> Local Gong <input type="checkbox"/> Central Station: <input type="checkbox"/> Fire and/or <input type="checkbox"/> Burglar			
Is property located within 5 Miles of any coast? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Coverage Information: Requested Effective Date: / /

Subject of Insurance	Limit of Insurance	Deductible	Policy Form	Co-Insurance	Valuation
Building – If Owned			Special	90%	RC
Business Personal Property			Special	90%	RC
Business Income			Special	90%	RC



Lein Holders/Mortgageholders:

Name of Lein Holder/Additional Insured	Address	Relationship

Prior Carrier/Claims:

Current Insurance Carrier:		Number of Yrs. Insured:
Expiring Premium:	Have you had any claims in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "Yes", please provide the following information:		
Date of Claim	Description	Amount of Loss

SECTION 8: ADDITIONAL INFORMATION

1. Please attach the following: Brochures, Labels, and Instructions.

SECTION 9: WARRANTIES

NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

No fact, circumstance or situation indicating the probability of a claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or organization(s) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there is knowledge of any such fact, circumstance or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

For the purpose of this application, the undersigned authorized agent of the person(s) and organization(s) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application and in any attachments, are true and complete. The Company is authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

If the information in this application and any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Veracity Insurance Solutions, LLC, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

The undersigned declares that the person(s) and organization(s) proposed for this insurance understand that:

- (i) the policy for which this application is made applies only to "Claims" first made during the "Policy Period"; and
- (ii) unless amended by endorsement, the limits of liability contained in the policy shall be reduced, and may be completely exhausted by "Claim Expenses" and, in such event, the Company will not be liable for "Claim Expenses" or the amount of any judgment or settlement to the extent that such costs exceed the limits of liability in the policy.

WARRANTY: I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, partners, directors, officers, and employees.

SIGNATURES:

Signature

Print Name

Title

Date