

---



---

**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**

---



---

<b>PRODUCER:</b>	_____
<b>APPLICANT:</b>	_____

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

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

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

<b>Please Fully Describe:</b>	
<b>Any possible use in aircraft, vehicles, medical field, diagnostics, security, military:</b>	
_____	
<b>Awareness of Any Known Defects:</b>	
_____	
<b>Any Product Recalls:</b>	
_____	
<b>Any Product Tampering:</b>	
_____	
<b>Flammability / Combustibility / Radioactivity:</b>	
_____	
<b>Ingested or Invasive to the Body:</b>	
_____	
<b>Prescription Required:</b>	
_____	
<b>Certifications / Evaluations:</b>	
_____	
<b>Certification Denied / Negative Evaluations:</b>	
_____	
<b>Guarantees and Warranties:</b>	
_____	
<b>Warning Labels:</b>	
_____	
<b>Instructions:</b>	
_____	
_____	

**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:** \_\_\_\_\_

**LOSSES AND OCCURRENCES (Prior 10 Years)**

Year	Description	Number	Incurred Loss	Deductible
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

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

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

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

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: \_\_\_\_\_