

PRODUCTS QUESTIONNAIRE FOR MANUFACTURERS OR DISTRIBUTORS

1. Description of current products manufactured and/or distributed: _____

2. Describe function and end use of product: _____

3. How many in the field and product life span: _____

4. Describe any products distributed but not manufactured: _____

Are all products distributed from U.S. manufacturers?: _____

Do all manufacturers provide certificates of ins showing products coverage? _____

Do they provide Vendors Coverage _____ Provide Additional Insured _____

Do you do any warranty or service work? _____

5. Describe any Past Products still in the field but no longer manufactured? _____

6. Describe any new Products planned? _____

7. Sales history for the past 5 years starting with the current year?

8. Percentage of products distributed domestically versus foreign: _____

9. For each product, quantify loss potential from use, misuse or abuse:

10. Who is responsible for Product Design and Engineering: _____

11. Does the insured do any Research and Development including testing? _____

12. Is any work subcontracted and what controls are in place to ensure quality? _____

13. Do all subs provide certificates of insurance with AI/WOS and mutual indemnity agreement?

Yes No _____ Minimum requirements of subs

14. Does the insured do any installation, service or repair work? If yes, what is % of payroll?

15. Has there ever been a recall of any product? _____

16. Please provide copies of : Warning labels, training manuals, brochures, contracts, etc

GENERAL INFORMATION

	YES	NO
Do any operations include blasting, storing or transporting explosive material? If yes, give details.		
Do any operations include excavation, tunneling, underground work or earth movement?		
Any work above 2 stories?		
Any use of cranes? If yes, explain		
Any Work subbed? If yes, describe :		
Cost: _____		
Do you require a Master Service Agreement to be completed and on file prior to work starting?		
Do subs provide certificates of ins with equal or greater limits?		
Is the insured named as Additional Insured ?		
Is insured held harmless?		
Does the insured lease employees from others?		

Is there any work from boats, docks, barges or rigs?		
Any equipment loaned, rented or leased to others?		
Any exposure to high voltage or major electrical panels?		
Is there a written safety program in place? Who administers?		
Is there a Safety Director?		
Are regular safety meetings held? How often?		
Does the insured purchase WC coverage?		
Does Insured lease any employees?		

AUTO INFORMATION

YES NO

Do you perform Pre-employment drug testing?		
Are MVR's obtained? If yes – how often?		
CDL required?		
Do you transport property of others?		
Do you perform accident reviews? Who performs the review?		
Does the company allow personal use of company vehicles?		
Is there a written policy regarding personal use?		
If the policy is in writing, is it signed by each driver?		
Is personal use limited to an assigned driver?		
Is there a scheduled vehicle maintenance program? If yes, are records maintained for each unit?		
Are regularly scheduled safety inspections performed?		
Are results of inspections recorded and maintained?		
Are pre-trip safety inspections performed?		

Indicate the percentage of operations within:

1-50 miles _____ 50-100 miles _____ 100-200 miles _____ 200+ _____

Please include current MVRs on all drivers

Declaration and Signature

I have read the above application. I declare that to the best of my knowledge and belief the statements and information in this application and any attachments thereto are true, accurate and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in this application or in any attachments thereto is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

Signature of 1st Named Insured Title Date

Producers Signature Date