

ELKINS JONES

INSURANCE AGENCY INC.

Supplemental Application for Products and Completed Operations Liability Insurance

Please type or print

A. Applicant

1. Full name:
2. Principal address:

B. Product and Sales Data

1. For principal product or service, indicate:

Descriptions of Major Products	# of Units Sold	PRINCIPAL END Usage	Manufacture or Distribute	% OF GROSS ANNUAL SALES

2. Historical Exposure Base Information (Minimum 5 years required)

Year	Domestic Sales	Foreign Sales	Total Sales	Other Data
Projected				
Expiring				
1 st Prior				
2 nd Prior				
3 rd Prior				
4 th Prior				
5 th Prior				
6 th Prior				
7 th Prior				
8 th Prior				
9 th Prior				
10 th Prior				

3. REPLACEMENT PARTS are what percentage of total sales? %

Supplemental Application for Products and Completed Operations Liability Insurance

C. Manufacturing / Distribution	YES	NO
Do you import products or component parts?	<input type="checkbox"/>	<input type="checkbox"/>
Do you export products or have foreign operations?	<input type="checkbox"/>	<input type="checkbox"/>
Could any of your products or services be used on or in connection with:		
aircraft/missile/aerospace?	<input type="checkbox"/>	<input type="checkbox"/>
watercraft or offshore?	<input type="checkbox"/>	<input type="checkbox"/>
transportation/pollution/waste treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Do you make or handle any product that is explosive, flammable or poisonous either by itself or in combination with other materials?	<input type="checkbox"/>	<input type="checkbox"/>
Could any of your products be classified as:		
pharmaceuticals?	<input type="checkbox"/>	<input type="checkbox"/>
cosmetics?	<input type="checkbox"/>	<input type="checkbox"/>
(If yes, a separate supplemental application will be needed)		
Are any of your products sold under another's name or label?	<input type="checkbox"/>	<input type="checkbox"/>
Do you purchase materials or components from others?	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant install, service or demonstrate products?	<input type="checkbox"/>	<input type="checkbox"/>
If installation by others, do you supervise or furnish instructions as to installation?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are certificates of insurance and additional insured status required of sub	<input type="checkbox"/>	<input type="checkbox"/>

D. Marketing

Percentage of total sales to: Wholesalers: _____ Retailers: _____ Consumers: _____

Suppliers and distributors of your products:	Yes	No
a. Do you hold them harmless or insure them?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do they hold you harmless or insure you?	<input type="checkbox"/>	<input type="checkbox"/>

Supplemental Application for Products and Completed Operations Liability Insurance

E. Loss Prevention	Yes	No
Have your products ever been subject to injury or investigation relative to product safety by any governmental agency? If "yes", attach details.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a written products recall plan? If "yes", please attach.	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever recalled products because of a potential product safety hazard? If yes, attach details and indicate percent of recovery: ____%	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a written products safety program for which specific individuals have responsibility for implementation? If "yes" attach copy or outline.	<input type="checkbox"/>	<input type="checkbox"/>
F. Product Design	Yes	No
Do you do your own design work?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain records of design changes and reasons justifying these changes?	<input type="checkbox"/>	<input type="checkbox"/>
Are your designs subject to independent external review, testing or certification? If "yes" attach details and dates.	<input type="checkbox"/>	<input type="checkbox"/>
Are your products designed, tested, labeled and manufactured to meet or exceed all government and industry standards?	<input type="checkbox"/>	<input type="checkbox"/>
G. Quality Control and Testing	Yes	No
Are warranties obtained from all suppliers?	<input type="checkbox"/>	<input type="checkbox"/>
Are records of results of quality control tests kept so that you can identify at a later date what tests you applied to a given product at a given time?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have ISO 9000 or ISO 9001 certification or similar certification	<input type="checkbox"/>	<input type="checkbox"/>
H. Instructions/Warnings/Advertising/Warranties	Yes	No
Do warning labels comply with federal statutory warning labeling requirements?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expressly disclaim or limit warranties for your products?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide any specific training or instruction for the ultimate user, in the proper use of your product? If "yes", please describe:	<input type="checkbox"/>	<input type="checkbox"/>

Supplemental Application for Products and Completed Operations Liability Insurance

I. Loss Control and Defense

Can you determine, based on available records, for all products you have sold:	Yes	No
a. when any given product was manufactured?	<input type="checkbox"/>	<input type="checkbox"/>
b. to whom it was sold, and the date of sale?	<input type="checkbox"/>	<input type="checkbox"/>
c. who supplied parts and supplies going into the final product?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain copies of old instruction or operation manuals and advertising material?	<input type="checkbox"/>	<input type="checkbox"/>
Accident procedure:	Yes	No
a. Do you have a written procedure for obtaining information about product complaints, accidents and injuries involving your products?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does your procedure provide for examining and preserving any allegedly defective product, with the results of such examination recorded?	<input type="checkbox"/>	<input type="checkbox"/>
c. Do reports on complaints, accidents, injuries and the examination of products involved, go to:		
(1) The person responsible for product safety?	<input type="checkbox"/>	<input type="checkbox"/>
(2) top management?	<input type="checkbox"/>	<input type="checkbox"/>

Warranty

I/We warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

Signature of applicant: _____ Date: _____

Title: _____ (owner, partner, officer)

* Signing this form does not bind the applicant or the company to complete the insurance. Application must be signed by the applicant and dated to be considered for quotation.