VELA INSURANCE SERVICES
A BERKLEY COMPANY

PRODUCTS LIABILITY SUPPLEMENTAL APPLICATION

(Use additional sheets when necessary)

1. APPLICANT

Proposed Effective Date:

a) Full Name (and list all subsidiary Companies)

b) Mailing Address

c) Location(s)

d) Applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other (Explain)

e) Applicant's Operations: ☐ Manufacturer ☐ Distributor ☐ Importer ☐ Exporter ☐ Manufacturer's Rep ☐ Other (Explain)

f) Years in business:

2. PRODUCTS AND COMPLETED OPERATIONS

a) List complete description of products manufactured, sold or distributed by the applicant (attach products brochure, printed website information, labels or other printed descriptive materials)

Of what materials or principal components are these composed of?

b) Do you manufacture* the complete product? If not, what component parts are purchased by you?

Who are component parts purchased from?

*If products not manufactured by applicant, are actual manufacturers located in the US?
And if so, do they carry domestic products insurance at limits of $1MM of greater?
Do you require Certificates of Insurance?

Are any foreign products / components involved? ☐ Yes ☐ No
If so, identify the company of manufacture and country of origin:

c) Is Vendors Coverage wanted? ☐ Yes ☐ No

d) Will any vendor repackage, re-label or modify your product? ☐ Yes ☐ No

If yes, explain:

e) List all products manufactured by the applicant but not sold under its label:

f) Number of units sold annually Cost per unit

g) TOTAL SALES (next 12 months) $ Prior Years 1st $ 2nd $
3rd $ 4th $ 5th $

h) List your top Five (5) Customers:

1) 4)

2) 5)

3)

i) Any foreign sales? ☐ Yes ☐ No If so, how much?

j) Does the applicant install / apply / erect the product? ☐ Yes ☐ No
Do you supervise the assembly of the product? ☐ Yes ☐ No
Where is the product assembled?

k) Any products assembled by the end user? ☐ Yes ☐ No

l) List any product that has been discontinued or recalled in the past 5 years and why

m) Is there a written products recall plan? ☐ Yes ☐ No

n) Any new products introduced in the past 5 years? ☐ Yes ☐ No
If yes, list product(s) and when introduced

o) Are any new products proposed for introduction in the next 12 months? ☐ Yes ☐ No
If yes, list product(s)

p) Can products be identified from those of competitors? ☐ Yes ☐ No
If yes, how?

q) Are any products sold as components for other products? ☐ Yes ☐ No
If yes, indicate uses

r) Could any of your products or services be used on or in connection with:

pharmaceuticals / cosmetics / vitamins / herbs?	☐ Yes ☐ No
aircraft / missile / aerospace?	☐ Yes ☐ No
watercraft or offshore?	☐ Yes ☐ No
transportation / pollution / waste treatment?	☐ Yes ☐ No

s) Any hold harmless agreements, warranties, guarantees given to any supplier, distributor, or purchaser? (If yes, attach copies) ☐ Yes ☐ No

3. QUALITY CONTROL / LOSS CONTROL

a) Are your products tested and labeled to meet government and / or industry standards? ☐ Yes ☐ No
If yes, list standards:

Any products UL approved?	☐ Yes ☐ No
Any products FDA approved?	☐ Yes ☐ No
Any products not approved by UL, FDA, and/or anyone else?	☐ Yes ☐ No
If yes, by who?	

b) List your memberships in any industry product – standard organizations (ex. ISO9000)

c) Is a written loss control program in effect? ☐ Yes ☐ No
Any written quality control procedure? ☐ Yes ☐ No

4. WARNINGS

a) Are hazards inherent in the final product, and warnings against foreseeable misuse and abuse, made known to the ultimate user by:

- warnings labels at the point of hazards?	☐ Yes ☐ No
written instructions?	☐ Yes ☐ No
other means? (If yes, attach details)	☐ Yes ☐ No

5. CLAIMS HISTORY

a) Any claims in the past 5 years? ☐ Yes ☐ No
(If yes, attached currently-valued (within past 90 days) loss runs including details)

b) Are you aware of any incident(s) that may result in a claim not reflected in question 5a)? ☐ Yes ☐ No
If yes, explain)

6. **EXPIRING CARRIER INFORMATION**

Carrier: Limits: $

Premium: $ Rate $

Term Deductible / SIR $

Coverage Form ☐Occurrence ☐Claims Made / Retro Date:

Requested coverage / limits for the new term:

Has any carrier cancelled or refused to renew products liability? ☐Yes ☐No
If yes, explain:

WARRANTY: The purpose of this Supplemental Application is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore warrants that the information contained herein (consisting of four pages) is true and accurate to the best of his/her knowledge, information and belief. The Supplemental Application, and the application to which it is appended, shall be the basis of any insurance policy that may be issued and will be part of such policy.

Signature of Applicant Title of Applicant Date

PLEASE BE SURE TO SEND PICTURES OR BROCHURES OF THE PRODUCTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.