



Agent Information

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section I: Company Details

1.1 Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Legal entity name:

Company Name:

Primary Address (Address, State, ZIP, Country):

Website Address:

Date the business was established (MM/DD/YYYY):

1.2 a) Please state the value of your total insured company sales in respect of the following years:

	Last complete FY	Estimate for current FY	Estimate for next FY
Total sales:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Profit (Loss):	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

b) If you are not insuring the total company sales, please confirm the sales to be insured under this Policy:

1.3 Please state the percentage of your sales into the following territories:

USA/Canada: % UK/Europe: %

Australia/New Zealand: % Asia/Other: %

1.4 Please state the number of manufacturing plants you operate in the following territories:

USA/Canada: % UK/Europe: %

Australia/New Zealand: % Asia/Other: %

1.5 Please provide details for the primary contact for this insurance policy:

Contact Name: Position:

Email address: Telephone number:

Section 2: Product Information

2.1 Please provide the following details for the products to be insured by this policy *and continue on the ADDITIONAL INFORMATION page if necessary:*

Customer name	Product name/ description	Date first sold (MM/DD/YYYY)	Annual sales	Average batch value	Max batch value	Failure rate (PPM)	Ultimate OEM/ end product manufacturer*
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		

*the company that ultimately integrates your product into their product for sale to consumers.

2.2 In the next 12 months are you planning to launch a new product that has not been listed in Q2.1? Yes No

If 'yes', please provide details including a description, projected release date and projected annual sales, continue on the ADDITIONAL INFORMATION page if necessary:

2.3 Please provide the details for your three largest customers:

Customer name:	Customer location:	Proportion of your annual sales (%)
		%
		%
		%

2.4 Do all of your customers provide signed product acceptances upon receipt? Yes No

2.5 Please confirm to what extent you manufacture and design your products to the specification of your customers:

Designed by your customer and manufactured to your customer's specification:

Designed by you and manufactured subject to your customer's sign off:

Other:

2.6 Are any of the products listed in Q2.1:

a) exported to a territory that is subject to any sanction, prohibition or restriction under the United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, Australia or United States of America? Yes No

If 'yes', please provide details and continue on the ADDITIONAL INFORMATION page at the end of this form if necessary.

b) incorporated into marine craft, aircraft, aerospace craft, nuclear devices or nuclear systems? Yes No

If 'yes', please provide details and continue on the ADDITIONAL INFORMATION page if necessary.

2.7 Please state the percentage of your products that have full forward and backward traceability: %

Section 3: Quality Assurance

3.1 In respect of the products listed in Q2.1, please state whether they:

a) meet all applicable product safety standards for the territories you sell into: Yes No

Please attach a sample copy of your product safety standard certificates.

b) are labelled with all applicable product safety warnings: Yes No

c) are supplied with clear instructions: Yes No

If you have answered 'yes' to b) or c) above, please provide details on whether these are inspected and approved prior to sale or distribution, including who undertakes this process (e.g. legal counsel or quality assurance team).

3.2 Please confirm whether you are accredited with any internationally recognized standards: Yes No

If "yes", please provide further details:

3.3 Please confirm whether there are written testing procedures in place for all of your products: Yes No

If "yes", please detail which testing methods are in place to ensure contractual specifications and safety requirements are met prior to distribution:

3.4 Do you have a written quality assurance plan? Yes No

If 'yes', please attach a copy to this application.

3.5 Please confirm whether:

a) you are trained on how to act in the event of a recall: Yes No

b) you are a part of the OEM/Customer's recall plan: Yes No

c) you understand how the recall plan would operate: Yes No

Section 4: Supply Chain

4.1 Do you purchase any materials or components from suppliers? Yes No

If 'yes', please state:

a) whether the materials and components are manufactured to your explicit, written specifications? Yes No

b) whether you maintain full rights of recourse against these suppliers: Yes No

If 'no', please provide details and continue on the ADDITIONAL INFORMATION page if necessary:

c) the following details for your three largest suppliers:

Supplier name:	Supplier location:	Material/ component supplied:

d) whether you have a supplier approval process? Yes No

Section 5: Contract Manufacturer

5.1 a) What percentage of your products are contract manufactured: %

b) Of these contract manufactured products, what percentage are manufactured:

Domestically: % Non domestically: %

5.2 a) Please provide the following details in respect of your contract manufacturers:

Contract manufacturer name:	Location:	Products that they manufacture for you:	% of your annual sales generated by these products:

Please continue on the additional information page if necessary.

b) Are all products contract manufactured to your written contractual specification/design? Yes No

c) Please confirm whether your contract manufacturers are accredited with any internationally recognized standards: Yes No

d) Please confirm whether you maintain full rights of recourse against all contract manufacturers: Yes No



Section 6: Insurance Requirements

6.7 Please provide details of your Product Recall insurance:

Insurer:

Limit:

[Input fields for Insurer and Limit]

Section 7: Claims Experience and Insurance History

a) Are you aware of any circumstances, including any government or regulatory investigation, which may give rise to a claim under this policy, or

b) have any directors or officers of the companies to be insured, or the companies themselves, been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body, or

c) are you aware of any loss or damage relating to you, your companies or your products, whether insured or not, which may have given rise to a claim under this policy within the last 5 years?

With reference to questions a), b) or c) above: Yes No

If the answer to the above is yes then please attach full details including an explanation of the cause and the events that resulted, any loss runs or total costs involved and finally any remedial or loss mitigation work you have undertaken as a result.

I declare that:

• after full enquiry the answers to the questions contained in this application form, and any other information supplied by me, are substantially true, accurate and correct;

• I will inform underwriters before cover incepts of any change to the information supplied by me; and

• I understand that if any of the information contained in this application form or provided elsewhere is substantially untrue, inaccurate or incorrect, or I have not disclosed any other information that is material, the Policy may be avoided without any return of premium, the terms and conditions may change, a higher premium may become payable or we may reduce the amount of any claim payment.

Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymised elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit www.cfcunderwriting.com/privacy

Contact name:

Position:

Signature:

Date (MM/DD/YYYY):



Additional Information

A large, empty rectangular area with a light grey background, intended for providing additional information.