

Agency		
Agency	Code:	
Contact	:	
Phone:		
Email:		
New	Renewal	Policy #:

PREPARATION INSTRUCTIONS

- ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTIONS IS NONE, PLEASE STATE NONE.
- 2) APPLICATION MUST BE SIGNED AND DATED BY OWNER, PARTNER OR OFFICER.
- 3) BROCHURES, COPIES OF GUARANTEES, WARRANTIES AND HOLD HARMLESS AGREEMENTS FURNISHED BY THE NAMED INSUREDS SHOULD ACCOMPANY THE APPLICATION.
- 4) THE LATEST 10K AND 10Q OR IF A PRIVATELY HELD BUSINESS, LATEST AUDITED FINANCIAL STATEMENT AND LATEST QUARTER INCOMEREPORT SHOULD BE FURNISHED.

APPLICANT INFO A) NAME (FIRS			NSUR	ED AN	ND OTI	HER NAMED	INSUREDS)							
B) LIST ALL AF	PLICA	NTS'	WEB	SITES	6 :									
DESCRIPTION OF	OPER	RATIC)NS											
SPECIFIED PRODU A) ONLY THOSE BELOW							BELOW WILL	BE CONSIDE	RED FOR C	OVERA	GE.	REFER	то ке	Υ
DUCTS			PPLIC								PF	RODUCTS	SOLD	
ECIFIC CATEGORY)		AC'	TS AS	A/AN:			%	DOES AP	1			TO		1
	М	W	R		MR	NO. OF YEARS	GROSS SALES	INSTALL	REPAIR/ SERVICE	W	R	МС	С	
	+													_
	+													
M = MANUFACTU	IRER		R=	RETA	ILER		MR = MANUFA	ACTURER'S REF	9 0	THER (S	PEC	IFY)	1	
W = WHOLESALE				IMPOR			C = CONSUME							
B) HAVE YOU DISC INSURANCE?	ONTIN	UED C	R ARE	YOU	CONSIL	DERING DISCO	ONTINUING AN	IY PRODUCT TO	BE COVERE	D BY TH	IS	YES		NC
HOURANCE:							٦							
IF YES, PLEASE	DESCR	RIBE:												
C) ARE ANY NEW I	PRODU	^TS D	I ANNE	D FOR	SALE	DURING THE	NEXT 12 MON	THS2						
D) DO YOU IMPORT COMPONENT PARTS?														
E) DO YOU EXPORT PRODUCTS OR HAVE FOREIGN OPERATIONS?														
E) DO YOU EXPOR		OF W	F) DO YOU KNOW IF ANY OF YOUR PRODUCTS OR SERVICES ARE USED IN CONNECTION WITH AIRCRAFT/MISSILES/AEROSPACE?											
F) DO YOU KNOW				,										
F) DO YOU KNOW	SILES/AI	EROSI	PACE?		ICES SU	JBJECT TO RE	EGISTRATION/	REGULATION/R	EVIEW BY AN	IY				
F) DO YOU KNOW AIRCRAFT/MISS G) ARE ANY OF YO	SILES/AI OUR PRO AL AGEN	EROSI DDUC' NCY?	PACE7 TS OR	SERVI	ICES SI	JBJECT TO RE	EGISTRATION/	REGULATION/R	EVIEW BY AN	lΥ				

IFG-P-APPSUP 0504 Page 1 of 5

4.	SAL	ES HISTORY					
	A)	TOTAL SALES OR RECEIPT PAST 12 MONTHS \$	S FOR ALL PRODU	JCTS AND SERVICES EXPECTED IN 1ST PRIOR YEAR \$	THE NEXT 12 MONTHS? \$ 2ND PRIOR YEAR \$		
		DESCRIBE ANY SIGNIFICAL	NT CHANGE IN PRO	DDUCT SALES MIX BETWEEN ANY	PRIOR YEAR AND NEXT YEAR'S PRO	IECTION:	
	В)	DO YOU WISH TO PROVIDE IF YES, NAME OF VENDOR:		RS WITH VENDORS COVERAGE?		YES	NO
		YOUR PRODUCT	6		-		
5.	OPE	RATIONS, ADDITIONAL	LIABILITIES & U	NIQUE CHARACTERISTICS			
						YES	NO
	A)	DO OTHERS MANUFACTUR	RE, ASSEMBLE, PA	CKAGE OR INSTALL PRODUCTS UI	NDER YOUR NAME OR LABEL?		
	B)	DO YOU MANUFACTURE, A LABEL? PLEASE EXPLAIN ANY "YES		GE OR INSTALL PRODUCTS FOR C	THERS UNDER THEIR NAME OR		
			, , , , , , , , , , , , , , , , , , ,				
	C)	HAVE YOU SOLD ANY BUSI IF SO, PLEASE FURNISH DI INSTALLED BY YOU PRIOR	ETAILS INCLUDING	LIST OF PRODUCTS MANUFACTU	RED, ASSEMBLED, PACKAGED OR		
	D)	HAVE YOU ACQUIRED OR I	DIVESTED ANY BU	SINESS OPERATIONS WITHIN THE IS FOR PAST, PRESENT AND FUTU			
	E) -	CAN YOU IDENTIFY YOUR	PRODUCT FROM T	HOSE OF COMPETITORS?			
	F)	PLEASE EXPLAIN ANY "NO" WHO ARE YOUR TOP FIVE 1. 2. 3.	4	AME, CITY STATE)			
		4.					
		5					
3.	CL	AIMS HISTORY – FIVE Y	EARS OR MORE	(LOSS RUNS MUST BE FURNI	SHED)		
	A)	TOTAL AGGREGATES	S LOSSES, INCLU	JDING DEFENSE COSTS:			
		POLICY PERIOD	NO. OF CLAIMS	TOTAL AMOUNTS PAID INDEMNITY EXPENSE	AMOUNTS IN RESERVE INDEMNITY EXPENSE		DATE
			=				
	B)	DESCRIBE INDIVIDUA	AL LOSSES, VALU	JED \$25,000 OR MORE, INCLUI	DING DEFENSE COSTS:		<u> </u>
		-					-
	C)		rs, which may i	CURRENCES, INCIDENTS, COI RESULT IN CLAIMS AGAINST Y		YES	NO

IFG-P-APPSUP 0504 Page 2 of 5

A) WHO DESIGNS YOUR PRODUCTS? B) DO YOU REQUIRE COMISE OF CERTIFICATES ENDENCIND DESIGN OR ARCHITECTS AND ENGINEERS ERRORS AND OMISSIONS INSURANCE TO BE KEPT IN YOUR PILES? IF YES, ARE YOU NAMED AS AN ADDITIONAL INSURED ON THE ARCHITECTS AND ENGINEERS E&O POLICY? IF YES, ARE YOU NAMED AS AN ADDITIONAL INSURED ON THE ARCHITECTS AND ENGINEERS E&O POLICY? ARE YOUR PRODUCTS DESIGNED, TESTED, LABELED AND MANUFACTURED TO MEET OR EXCEED ALL APPLICABLE GOVERNMENT AND INDUSTRY STANDARDS WIDST YOUR PRODUCTS MEET (I.E. CSHA, U., ANS, ASME)? IDENTIFY TOP 3 STANDARDS (INCL. STANDARD NUMST YOUR PRODUCTS MEET (I.E. CSHA, U., ANS, ASME)? IDENTIFY TOP 3 STANDARDS (INCL. STANDARD NUMSERS), 1) 2) 3) E) ARE DESIGNS REVIEWED, TESTED AND VERRIFIED BY OTHERS OUTSIDE OF THE COMPANY? B) DO YOU HAVE A QUALITY CONTROL PROGRAM? G) IF YOU HAVE A QUALITY CONTROL PROGRAM, IST WRITTEN? I) WRITTEN SPECIFICATION, REQUIREMENTS FOR SUPPLIERS OF RAW MATERIALS AND/OR COMPONENTS? 2) TESTS OF MATERIALS AND COMPONENTS RECEIVED FROM SUPPLIERS TO DETERMINE CONFORMANCE? 1) WARD FRODUCTS TESTED AND VERRIFUNDS STAGES TO VERRIFY CONFORMANCE WITHWITTEN STANDARDS? 4) ARE PRODUCTS TESTED AT VERIFY THEY MEET PERFORMANCE REQUIREMENTS? 6) DO YOUR RECORDS OF TEST RESULTS? C) DO YOUR RECORDS SHOW WHO SUPPLIED THE COMPONENT PARTS GOING INTO YOUR PRODUCTS? I) DO YOUR RECORDS SHOW WHO SUPPLIED THE COMPONENT PARTS GOING INTO YOUR PRODUCTS? I) DO YOUR RECORDS SHOW WHO SUPPLIED THE COMPONENT PARTS GOING INTO YOUR PRODUCTS? I) DO YOUR RECORDS SHOW TO WHOM AND THE DATE EACH PRODUCT WAS SOLD? K) DO YOUR RECORDS SHOW TO WHOM AND THE DATE EACH PRODUCT WAS SOLD? IF YES, WHAT PERCENT ARE: US BASED SUPPLIERS: "% FOREIGN BASED SUPPLIERS? IF YES, WHAT PERCENT ARE: "US BASED SUPPLIERS: "% FOREIGN BASED SUPPLIERS? DO YOU EVER DRAW PLANS, DESIGNS OR SPECIFICATIONS FOR ANY PRODUCTS() FOR OTHERS? DO YOU EVER PRODUCT SERVED SE	7.	DES	SIGN, QUALITY CONTROL, RECORDKEEPING, WARNINGS & CLAIM DEFENSE	YES	NO
B) DO YOU REQUIRE COPIES OF CERTIFICATES EMDENCIND DESIGN OR ARCHITECTS AND ENGINEERS ERRORS AND OMISSIONS INSURANCE TO BE KEPT IN YOUR FILES. IF YES, ARE YOU NAMED AS AN ADDITIONAL INSURED ON THE ARCHITECTS AND ENGINEERS E&O POLICY? IF YES, WILL YOU RECEIVE 30 DAYS NOTICE OF CANCELLATION IF THE E&O POLICY IS CANCELLED? ARE YOUR PRODUCTS DESIGNED, TESTED, LABELED AND MANUPACTURED TO MEET OR EXCEED ALL APPLICABLE GOVERNMENT AND INDUSTRY STANDARDS MUST YOUR PRODUCTS MEET (I.E. OSHA, U.L., ANSI, ASME)? DIVENTA GOVERNMENT AND INDUSTRY STANDARDS MUST YOUR PRODUCTS MEET (I.E. OSHA, U.L., ANSI, ASME)? DENTIFY TOP 3 STANDARDS (INCL. STANDARD NUMBERS), 1)		A)	WHO DESIGNS YOUR PRODUCTS?		,,,,
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L) DO YOU REQUIRE CERTIFICATES FROM YOUR SUPPLIERS EVIDENCING PRODUCTS LIABILITY INSURANCE? IF YES, WHAT PERCENT ARE: US BASED SUPPLIERS:		,	DO YOUR RECORDS SHOW TO WHOM AND THE DATE EACH PRODUCT WAS SOLD?		
IF YES, WHAT PERCENT ARE: US BASED SUPPLIERS:		K)	DO YOUR RECORDS SHOW WHO SUPPLIED THE COMPONENT PARTS GOING INTO YOUR PRODUCTS?		
IF YES, WHAT PERCENT ARE: US BASED SUPPLIERS: % FOREIGN BASED SUPPLIERS % M) ARE YOU ISO 9000 (9001, 9002, 9004) AND/OR QS9000 REGISTERED? IF YES, WHO IS THE REGISTRAR (I.E. TUV)?		15	DO YOU PEOUIDE CERTIFICATES FROM YOUR SUIDDI IERS EVIDENCING PRODUCTS LIABILITY INSURANCE?	П	П
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			IF YES, PLEASE FURNISH DETAILS:		
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SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

ARKANSAS: AR CODE §23-66-503 "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

IFG-P-APPSUP 0504 Page 3 of 5

COLORADO: CO STAT. §10-1-127 "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

DISTRICT OF COLUMBIA: DC CODE §22-3825.9 "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."

FLORIDA: FL STAT. §817.234 "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."

HAWAII: HI STAT. §431;10C-307,7 "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY: KY STAT.§304.47-030 "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

LOUISIANA: LA STAT. §1424 "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON,"

MAINE: ME STAT. TI 24-1, §2186 "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS."

NEW JERSEY: NJ STAT. §17:33A-6 "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NEW MEXICO: NM STAT. §59A-16C-8 "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

OHIO: OH CODE §3999.21 "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

OKLAHOMA: OK STAT. TI 36, §3613. "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

OREGON Bulletin 98-5 ANY PERSON, WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION FOR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD."

PENNSYLVANIA: PA STAT. TI 18, §4117 "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RHODE ISLAND: RI GEN. LAWS §27-54-8 "THE FAILURE TO DISCLOSE A CONVICTION FOR ARSON MAY SUBJECT THE APPLICANT TO CRIMINAL PENALTIES."

FG-P-APPSUP 0504 Page 4 of 5

TENNESSEE: TN CODE §56-53-111 "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."

VIRGINIA: VA CODE §52-40 "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."

OTHER STATES: WARNING: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME, AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NEW YORK: NY COMPILATION OF CODES, RULES & REGULATIONS TITLE 11, SECTION 86
"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR
OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS
AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company)	Producer's Name	
Signature of Authorized Representative	Producer's Signature	
Print Name	Producer's Phone	
Title	Producer's Fax	
Date	Producer's Email	

IFG-P-APPSUP 0504 Page 5 of 5