

Products Liability SUPPLEMENTAL QUESTIONNAIRE

APPLICANT INFORMATION

NAMED INSURED	SS#	FEIN	DATE
POLICY NUMBER	WEBSITE ADDRESS		AGENT

SUPPLEMENTAL UNDERWRITING INFORMATION

- | | |
|---|---|
| <p>1. Applicant information:</p> <p>a. Full name of all entities to be named insureds:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>b. Principal address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>c. Years in business under present name: _____</p> | <p>2. Has the applicant acquired or sold any companies, subsidiaries or operations in the past five years? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If Yes, describe the agreements applicable to liability for products lawsuits under the terms of sale:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|---|

3. List all major products being manufactured:

DESCRIPTION OF PRODUCT	LOCATION	EST USE LIFE	# YR. ON MKT	EST SALES (20__)	EST SALES (20__)
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____

4. List all major products previously manufactured but discontinued:

DESCRIPTION OF PRODUCT	LOCATION	EST USE LIFE	# YR. ON MKT	EST SALES (20__)	EST SALES (20__)
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____

5. Which products are:
- | | | |
|--|-------|------------------------|
| Finished goods | _____ | _____ % of total sales |
| Components sold as replacement parts | _____ | _____ % of total sales |
| Components sold for further processing | _____ | _____ % of total sales |



6. Check the products in which the applicant's components are used:
- watercraft railroad equipment
 - firearms cars or trucks
 - other (please specify)

7. The applicant's products are:
- None of the following radioactive
 - explosive flammable
 - suspected to be carcinogenic poisonous

8. The product is:
- Manufactured from raw materials
 - Assembled from purchased components
- If both, list the components purchased from others:

9. Does the applicant require hold harmless agreements from all suppliers?..... YES NO

10. The product is marketed for:
- industrial use household use
 - recreational use other (describe)

11. Is applicant contemplating the marketing of any new products in next twelve months?
..... YES NO

12. Describe the ways dealers or distributors change the form of, or install or service the applicant's product:

13. Does the product bear applicant's name?
..... YES NO

- Warning labels?..... YES NO
If Yes, describe:

- Other means of identification?..... YES NO
If Yes, describe:

14. The product's design is:
- unique as the result of the applicant's own research and development
 - comparable to most others in the marketplace
 - to customer specifications

15. What mandatory or voluntary standards apply to the applicant's products?

16. Describe the applicant's quality control program as respects inspections, sampling rates, testing (by applicant and by others), test records and product sample retention, disposition of rejects, etc., on:

Incoming materials:

17. List the types of purchase, manufacturing and sales information recorded by the applicant and period of retention.

TYPE OF RECORD	YEARS RETAINED
	20 ____ to 20____
	20 ____ to 20____
	20 ____ to 20____
	20 ____ to 20____

18. Describe the applicant's ability to institute a recall of products:

19. Are any of applicant's products marketed in foreign countries?..... YES NO

If Yes, indicate product and name of countries where marketed:



UNITED FIRE GROUP

UNITED FIRE & CASUALTY COMPANY • ADDISON INSURANCE COMPANY • LAFAYETTE INSURANCE COMPANY • UNITED FIRE LLOYDS
HOME OFFICE: 118 Second Avenue SE PO Box 73909 Cedar Rapids, Iowa 52407-3909 www.unitedfiregroup.com

20. Have the applicant's products ever been subject to any inquiry or investigation by a government agency?
..... YES NO
If Yes, explain reasons in Remarks.

21. Has any company canceled, refused to renew or declined products coverage for the applicant?
..... YES NO
If Yes, explain reasons in Remarks.

Description of losses over \$500:

If necessary, attach additional pages to provide complete details.
Please attach any catalogs or other advertising material describing the applicant's products.

REMARKS:



UNITED FIRE GROUP

UNITED FIRE & CASUALTY COMPANY • ADDISON INSURANCE COMPANY • LAFAYETTE INSURANCE COMPANY • UNITED FIRE LLOYDS
HOME OFFICE: 118 Second Avenue SE PO Box 73909 Cedar Rapids, Iowa 52407-3909 www.unitedfiregroup.com