

**PRODUCTS LIABILITY  
SUPPLEMENTAL APPLICATION**

(Use additional sheets when necessary)

**VELA INSURANCE  
SERVICES, INC.**

200 West Madison Street, Suite 2700  
Chicago, Illinois 60606  
Phone: 318/553-4413 Fax: 312/553/4416

**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 or 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 1<sup>st</sup> \$ \_\_\_\_\_ 2<sup>nd</sup> \$ \_\_\_\_\_  
3<sup>rd</sup> \$ \_\_\_\_\_ 4<sup>th</sup> \$ \_\_\_\_\_ 5<sup>th</sup> \$ \_\_\_\_\_

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| aircraft / missile / aerospace?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| watercraft or offshore?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| transportation / pollution / waste treatment?   | <input type="checkbox"/> Yes | <input type="checkbox"/> 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?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any products FDA approved? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - written instructions?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - other means? (If yes, attach details)    | <input type="checkbox"/> Yes | <input type="checkbox"/> 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