

Agency Name:
 Address:
 Contact Name:
 Phone:
 Fax:
 Email:

Cosmetic Manufacturing – Product Liability Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

 Applicant Mailing Address _____ Applicant's Phone Number _____
 _____ Web Address _____
 _____ Inspection Contact _____
 Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____
 Applicant is Individual Partnership Corporation Joint Venture Other _____

 Location #1 _____
 Location #2 _____
 Location #3 _____

UNDERWRITING INFORMATION

1. Business of Applicant is: Manufacturer ___% Distributor ___% Direct Importer ___% Broker ___%
 Other ___% Describe: _____
2. Description of operations: _____

3. Years in business: _____
4. Description of all acquisitions completed in the last five years: _____

5. Description of all discontinued products and historical sales for each: _____

6. Total Annual Gross Sales	YEARS	SALES		
		UNITED STATES	FOREIGN*	TOTAL
UPCOMING YEAR (ESTIMATE)	to			
CURRENT YEAR	to			
FIRST PRIOR YEAR	to			
SECOND PRIOR YEAR	to			
THIRD PRIOR YEAR	to			
FOURTH PRIOR YEAR	to			

*If any foreign sales, list countries where your product is sold: _____

UNDERWRITING INFORMATION (Continued)

- 7. If you distribute products manufactured by others:
 - a. Do you directly import any products? Yes No
If yes, describe products and provide corresponding sales and countries of origin.

 - b. Do you obtain Certificates of Product Liability Insurance from each of your manufacturers/suppliers? ... Yes No
If yes, what are the minimum limits of insurance required? _____
 - c. Are you included as an Additional Insured-Vendor under each manufacturer's / supplier's Product Liability Insurance? Yes No
- 8. If you contract the manufacturing of your product to others, do you have a formal written agreement with your sub-manufacturers? Yes No
If yes, **attach** those sections of the agreement(s) pertaining to Product Liability and Product Liability insurance.
- 9. Do you obtain Certificates of Insurance from all suppliers evidencing Product Liability insurance? Yes No
If yes, minimum limits of insurance required? _____
- 10. Do you maintain formal written quality control and testing procedures? Yes No
- 11. How long are quality control and testing records kept? _____
- 12. Can you identify your product from those of competitors? Yes No
If yes, describe: _____
- 13. Do you maintain records of the following:
 - a) When and where your product was manufactured? Yes No
 - b) To whom your product was sold and the date of sale? Yes No
 - c) Changes in design or formulation? Yes No
 - d) Changes in advertising material? Yes NoIf yes, how long do you maintain the records? _____

- 14. Who provides the following for your products:
 - a) Formula? _____
 - b) Ingredients? _____
 - c) Containers or Packaging? _____
 - d) Labels? _____
- 15. Are all ingredients listed on product labels? (Provide copy of labels)..... Yes No
- 16. Are susceptible products tested for microbial contamination?..... Yes No
If yes: By whom? _____
How often? _____
Describe testing: _____
- 17. Are samples of finished products retained?..... Yes No
If yes, for how long? _____
- 18. Do you manufacture any products that are to be ingested?..... Yes No
If yes, provide details: _____
- 19. Are any of your products designed for professional use only? Yes No
If yes, provide details: _____

Underwriting Information (CONTINUED)

20. Are any products manufactured in your home? Yes No
 If yes, provide manufacturing details: _____

Are products prepared in a sterile environment? Yes No
 Explain: _____

21. Do you offer training or instruction on the use of your products? Yes No
 If yes, do you certify the trainees? Yes No

22. Do you have a formal written products recall procedure? Yes No
 If yes, **attach** a copy.

23. Have you voluntarily or involuntarily recalled, or are you considering recalling, any known or suspected defective products from the market? Yes No
 If yes, describe. _____

24. Are you aware of any incident, condition, circumstance, defect or suspected defect in any product or work, which may result in a claim or claims against you that are not listed above? Yes No
 If yes, **attach** an explanation.

25. Are you aware of any complaint or notice filed in the last three years with any governmental agency or industry regulatory body including but not limited to the Food & Drug Administration concerning your product? Yes No
 If yes, **attach** an explanation.

26. Desired Limits. _____ Deductible/SIR. _____

27. Current Carrier Information

CARRIER	LIMITS	DEDUCTIBLE/SIR	RATE	PREMIUM

Coverage Form: Occurrence Claims Made, Retro Date: _____

Is current carrier offering renewal? Yes No

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Underwriting Information (CONTINUED)

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
_____	_____	_____ _____	_____	_____
_____	_____	_____ _____	_____	_____
_____	_____	_____ _____	_____	_____
_____	_____	_____ _____	_____	_____
_____	_____	_____ _____	_____	_____

Has the applicant been cancelled or non-renewed in the last three years? Yes No
 If yes, Explain. _____

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: 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.

Colorado: 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.

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.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: 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.

Maine, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: 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: 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.

New York: 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.

Oklahoma 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: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date