USG Insurance Services, Inc.

Agency Name
Agency Website
Agency Phone

Foreign-Manufactured Product Supplemental Questionnaire

Complete this questionnaire only if you directly import your final product from a foreign company or you employ a foreign company to manufacture or assemble your final product.

1. ☐ Yes ☐ No Do you have a written contract with the manufacturer/assembler of your product?
If yes, does the contract require your prior approval of any changes in design, components, component suppliers and/or manufacturing processes? ☐ Yes ☐ No

2. ☐ Yes ☐ No Do you have a formal, written Quality Assurance (QA) Program that is in full compliance with all applicable federal regulations and industry standards?

3. ☐ Yes ☐ No Is your QA Program administered by an independent QA Provider? If yes, please provide name and address of provider: _____

4. ☐ Yes ☐ No Is your QA Program administered in-house by staff dedicated full-time to QA?

5. ☐ Yes ☐ No Is your internal QA Program accredited by, certified by, or registered with any governmental or industry body or agency? If yes, please provide:

Name of accrediting body or agency _____
Type of accreditation, certification or registration _____
Dates received _____

6. Does your QA Program include:
   a. Product design evaluation? ☐ Yes ☐ No
   b. Factory selection? ☐ Yes ☐ No
   c. Factory audits? ☐ Yes ☐ No
   d. Pre-production testing of raw material? ☐ Yes ☐ No
   e. First run product testing including testing-to-failure of critical areas? ☐ Yes ☐ No
   f. Scheduled finished product testing? ☐ Yes ☐ No
   g. Random, unannounced product audits? ☐ Yes ☐ No
   h. Subcontractor audits? ☐ Yes ☐ No
   i. Core component, supplier audits? ☐ Yes ☐ No

WARRANTY: It is warranted to Admiral Insurance Company that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein should the Company evidence its acceptance of the application by issuance of a policy.

_____ Applicant's Signature

_____ Applicant's Title

_____ Applicant's Printed Name

_____ Date