

**KINSALE  
MANUFACTURERS SUPPLEMENTAL APPLICATION  
COMMERCIAL GENERAL LIABILITY**

Named Insured:	
Agent:	
New: Y/N	Renewal Y/N Policy #
Effective Date:	
Web site	

**Current carrier information.**

Carrier:	
Limit of Insurance:	
Deductible:	
Premium:	
Expiration:	

Attach copies of the following:

- a. Current financial statement
- b. Applicant's product brochures
- c. Specimens of contracts/guarantees provided customers, if any and specimens of contracts with suppliers of manufactured products or components.

Has any similar coverage been canceled or nonrenewed in the past five years?  Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Years in business? \_\_\_\_\_

Describe your business operations

\_\_\_\_\_  
\_\_\_\_\_

Name and address of parent company and all subsidiaries to be insured: **(NOTE: Coverage applies ONLY to those entities specifically named in a policy we may issue to you.)** Identify entities as parent or subsidiaries.

(2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Years in business? \_\_\_\_\_

**Attach a separate sheet to list additional entities to be insured.**  **Attached**

Have you merged with or acquired any companies in the last 3 years?  Yes  No  
 If Yes, provide details and advise how past liabilities were handled in the acquisition.

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Do you have a formal quality control program.  Yes  No  
 If Yes, provide details. If No, how do you assure the quality of your products?

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If any division, product, or product group is to be specifically excluded from coverage, please indicate:

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What products are manufactured, sold, handled or distributed?

<b>TYPE OF PRODUCT &amp; BRAND NAME</b>	<b>TOTAL SALES LAST YEAR (000)</b>	<b>PERCENT OF SALES OUTSIDE U.S.</b>	<b>ESTIMATED SALES FOR NEXT YEAR (000)</b>

In what geographic areas/states are these products sold or used? Indicate percentage of sales in each area.

<b>U.S. States/Geographic Sections</b>	<b>Percent of Sales</b>	<b>Foreign Countries</b>	<b>Percent of Sales</b>

If any products become component parts of another company's products, supply details and include end use applications. If sold to be repackaged under another name, to whom is it sold and what is the eventual name?

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Are any new products to be introduced/manufactured during the next year? Yes  No

Describe type and expected sales:

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Do you manufacture any products that are used in the following industries?

- Pharmaceutical  Aviation  Motor vehicles  Chemical Medical/Health Care  
 Biotechnology  
 Children's furniture  Children's toys  Sporting Goods  
 Industrial piping/pressurized piping  
 Meat processing/slaughter houses  Seafood processing  
 Food manufacturing/processing  Offshore

If Yes, please advise details.

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Top Five Customers:

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Can your products be identified from those of your competitors?  Yes  No If yes, how?

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Do you agree to hold all distributors, dealers and suppliers harmless against claims or suits for Bodily Injury and Property Damage in connection with your products?  Yes  No

Can your products be identified from those of your competitors?  Yes  No If yes, how?

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Are any products sold or components used by you manufactured by foreign manufacturers?

Yes  No

If Yes, advise details with percent of cost of goods sold that have foreign components.

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In the event that it becomes necessary to recall a product, what means would be used to secure the return and disposal of the product? How much estimated expense would this entail?

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Has any product ever been recalled? Yes  No  If Yes, supply the following details:

Date of recall: \_\_\_\_\_  Voluntary  Ordered? By what agency? \_\_\_\_\_

Product involved: \_\_\_\_\_

Reason for recall and how discovered: \_\_\_\_\_

What was the remedy of the problem? \_\_\_\_\_

Were the federal/state authorities notified? Yes  No  If Yes on what date? \_\_\_\_\_

Is there any preexisting method or readily available system (sales or distribution system) which could facilitate recall of products? Yes  No  If Yes, supply details:

\_\_\_\_\_  
\_\_\_\_\_

Do you have a formalized recall program? Yes  No  If Yes, please attach a copy.

If No, do you have an informal plan? Yes  No  If Yes, attach an outline.

Are batch or product records, serial numbers or copies of guarantee/warranty cards maintained that would facilitate tracing whereabouts of products? Yes  No

If Yes, supply details including how long such records are maintained? \_\_\_\_\_

\_\_\_\_\_

Are products identified to ensure traceability to date and place of manufacturing?

Yes  No

Are critical components identified and traceable to original source? Yes  No

Are raw materials traceable back to original source? Yes  No

Do you provide vendor agreements to customers of your products and name them as additional insureds? Yes  No  If Yes, please explain and attach specimen agreements.

Does any manufacturer provide vendors protection to you for any product that you distribute?

Yes  No

If Yes, please advise which products and explain. \_\_\_\_\_

\_\_\_\_\_

Are there any present situations which might give rise to an incident causing a product recall?

Yes  No  If Yes, supply details.

\_\_\_\_\_  
\_\_\_\_\_

Have you had any Product Liability claims or Manufacturing/Specification Errors & Omissions Claims that were or were not covered by insurance? Yes  No  If Yes, advise details.

\_\_\_\_\_  
\_\_\_\_\_

Have you been cited by any regulatory agency for violations arising out of business activity

involving your product? Yes  No  If Yes, provide

details. \_\_\_\_\_

\_\_\_\_\_

What percentage of your manufactured product sales are:

a. based on customer specifications? \_\_\_\_\_

b. based on your design? \_\_\_\_\_

Are you ISO 9000 certified? Yes  No  Year of recognition \_\_\_\_\_

Are you attempting to become ISO 9000 certified? Yes  No

Do you service or repair your products or others' products at your premises or at another location? Yes  No  If Yes, provide details \_\_\_\_\_

Do you have any discontinued products? Yes  No

If Yes, please explain the reasons for discontinuing. \_\_\_\_\_

During the past five years, has any insurer ever canceled or non—renewed similar insurance to any applicant or has your insurance been canceled for non—payment of premium by any insurance or finance company? Yes  No  If yes, please explain: \_\_\_\_\_

Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to: allegations of faulty or defective products, product failure, product dispute bodily injury or property damage) arising out of or related to your products that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? Yes  No

