

**PRODUCTS LIABILITY
SUPPLEMENTAL APPLICATION**

(Use additional sheets when necessary)

**VELA INSURANCE
SERVICES, INC.**

2029 Village Lane Suite B
Solvang, CA 93463
Phone: 805-693-0839 Fax: 805-693-0859

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 1st \$ _____ 2nd \$ _____
3rd \$ _____ 4th \$ _____ 5th \$ _____

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? Yes No
 Any products FDA approved? Yes 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

PLEASE BE SURE TO SEND PICTURES OR BROCHURES OF THE PRODUCTS