

PROGRAM APPLICATION - REQUIREMENTS FOR SUBMISSION

- Pages 1-3 MUST be completed
- Current Loss Information – 4 Years

- **Note: All Questions Must Be Answered**
- **Brownyard Application Must Be Submitted by Broker**

Business Type:	☐ New Business	☐ Renewal	Policy Number – Renewal Only:	
Line of Business:	☐ General Liability		Effective Date:	
Policy Type:	☐ Products Liability	☐ General Liability incl Products Liability		
Interested in:	☐ Property (Attach req. forms: ACORD 125 and 140) ☐ Inland Marine (Attach req. forms: ACORD 125, 146, and 148)			

- Insured Company Name: _____
(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)
- DBA(s): _____
(List any and all names insured's company is Doing Business As [DBA] & please list additional named insureds on separate sheet for whom this proposed policy will provide coverage)
- ☐ Individual ☐ Assoc ☐ Corp ☐ LLC ☐ LLP ☐ Partnership ☐ C-Corp ☐ S-Corp ☐ Sole Proprietor ☐ Joint Venture
☐ Trust ☐ Non-Profit ☐ Other: _____
- Mailing Address: _____
NO. STREET CITY STATE ZIP
- Physical Address*: _____
NO. STREET CITY STATE ZIP
(*Attach a list if multiple locations)
- County: _____ NAICS/SIC Code: _____
- Business Phone: _____ Fax: _____
- Company Email: _____ Website: _____
- Federal ID Number/FEIN: _____ License Number: _____
- Principal: _____ Title: _____
Direct Phone: _____ Mobile: _____
Email: _____
- Audit Contact: _____ Title: _____
Direct Phone: _____ Mobile: _____
Email: _____
- A. Has the principal(s) of this firm previously operated a similar firm under a different name? ☐ Yes ☐ No
B. If yes, please provide the former name: _____
- Policy proposed effective date: _____ Date established: _____
- How did you hear about us? ☐ Internet Search ☐ Social Media ☐ Ad in which publication: _____
☐ Email ☐ Word of Mouth ☐ Other: _____
- Check limit of Liability desired: ☐ \$2 mil. ☐ \$3 mil. ☐ \$4 mil. ☐ \$5 mil. ☐ Other: _____

OPERATIONS INFORMATION

16. Have you made any changes in name, ownership, address, operations or other pertinent data we should be informed of? ☐ Yes ☐ No If yes, please provide details on a separate sheet of paper and update this application.
17. Total number of employees: _____ Full Time: _____ Part Time: _____
18. How long have you been in business: _____
19. a. Estimated Annual Domestic Sales (next 12 months): _____ (U.S.- including its territories/possessions, Puerto Rico & Canada)
b. Estimated Annual Foreign Sales (next 12 months): _____
c. Total Sales for the past 3 years: _____
Last Year 2 Years Ago 3 Years Ago
20. Provide sales estimated for the upcoming 12-month period by category: _____
(Your total sales here should match your total sales from questions #20 a & b)
- a. Products **you** manufacture (manufactured by you, not an outside company): \$ _____
b. Products **your** company physically: ☐ Rebottles ☐ Relabels ☐ Repackages \$ _____
c. Products you distribute (must be received in completely finished form): \$ _____
d. Products you imported from outside of the US, Puerto Rico or Canada: \$ _____
21. Do you collect, transmit, provide, acquire, or scan any biometric data from others? ☐ Yes ☐ No
(Biometric data can be defined as retina/iris scans, fingerprint, voiceprint, or scan of hand or face geometry)
- a. If yes, please advise if you collect, transmit, provide, acquire, or scan it and identify the type of biometric exposure (facial recognition, fingerprints, iris scanning, etc.) _____
22. Do you have a written biometric policy in place that complies with the regulations of the states you operate in? ☐ Yes ☐ No
If yes, please provide copy.
23. Would you like to add Hired and Non-Owned Auto coverage to your policy? ☐ Yes ☐ No (If yes, answer questions a-c)
- a. What is the primary purpose of your vehicle use (e.g. product transport, client visits, administrative errands) _____
- b. How often are hired or non-owned vehicles used for business purposes? _____
- c. What is the typic distance (in miles) traveled per trip when using these vehicles? ☐ <10 ☐ 10-25 ☐ 25-50 ☐ >50

PRODUCT INFORMATION

24. Do any of your products contain:
CBD.....☐ Yes ☐ No If yes, what is the % of THC in the products? _____%
If yes, does it fall within the federal limit of .3% or below? ☐ Yes ☐ No
(Please provide testing documents stating the level of THC in the products)
What is the purpose or use of the products? _____
- Formaldehyde/Formalin ☐ Yes ☐ No If yes, _____%
- Glycolic Acid ☐ Yes ☐ No If yes, _____ PH level
- Lactic Acid ☐ Yes ☐ No If yes, _____ PH level
- Talcum Powder ☐ Yes ☐ No If yes, which products: _____
- Hand Sanitizer ☐ Yes ☐ No If yes, what is the % of overall sales? _____%
- Any products which contain Trichloroacetic Acid _____ ☐ Yes ☐ No
- Any products which contain more than 4% of Lidocaine _____ ☐ Yes ☐ No
If yes, what is the % of overall sales? _____%
25. Who provides the following for your products?
Containers: _____
Ingredients: _____
Formulation and Filling: _____
Labels: _____
26. Do you purchase any ingredients or products from foreign suppliers? ☐ Yes ☐ No If yes, please attach a list of items & countries imported from.
27. Do you have a written Quality Control Program? ☐ Yes ☐ No If yes, please attach a copy. If no, in what manner are you able to trace a product back to its original batch: _____
28. What percentage of your products are for: Professional Use: _____% Sale to the public: _____%

29. If products are sold to the public, do you have a written Consumer Relations Program? ☐ Yes ☐ No
If yes, please attach a copy.
30. Are your susceptible products tested for microbial contamination? ☐ Yes ☐ No
By whom: _____ How often: _____
Describe testing: _____
31. Are samples of finished products retained? ☐ Yes ☐ No
How many samples and for how long: _____
32. Do you have a written Recall Program? ☐ Yes ☐ No If yes, please attach a copy.
33. Have you ever recalled, discounted or changed your products? ☐ Yes ☐ No If yes, please explain:

34. Do you manufacture or distribute any product that requires a prescription? ☐ Yes ☐ No
35. Do you manufacture or distribute any product to be ingested? ☐ Yes ☐ No
36. Have you voluntarily registered your cosmetic products with the FDA? ☐ Yes ☐ No
37. Do you comply and follow the Good Manufacturing Practice (GMP) established by the FDA? ☐ Yes ☐ No

PRIOR GENERAL LIABILITY INFORMATION

38. a. General Liability insurer and claims history for past five years *(Even if there are no losses, please provide insurer history.)*

Policy #					
Policy Term					
Insurer					
Premium					
Limits of Liability					
Gross Sales					
Deductible					
Losses					

- b. Has any insurer cancelled or non-renewed your insurance over the past 5 years? ☐ Yes ☐ No If yes, explain:

39. Are there any indemnification or hold harmless agreements in effect in which you assume the liability of others? ☐ Yes ☐ No
If so, describe in full: _____
40. a) Are you aware of any incidents not yet reserved that may result in a claim against you? ☐ Yes ☐ No
b) Describe any losses (claims) over the last three years. Attach copies of any claim printouts from previous carriers.

Please supply us with the following:

- All products brochures and/or labels
- A copy of your expiring policy
- An up-to-date balance sheet

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

Applicable in AL, AR, LA, MD, NM, RI and WV: 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. *Applies in MD Only.

Applicable in CA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO: 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.

Applicable in DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: 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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment of other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, OH and PA: Any person who knowingly and with the 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 subjects such person to criminal and civil penalties.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NU: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance: 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.

Applicable in NY: Applicable to all applications and claim forms for automobile insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

NOTE: THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE. This request is for a cost-free, premium quotation only. In signing, I understand I am not obligated to purchase this insurance. This application shall not be binding unless and until confirmation by the company or its duly appointed representatives has been given, and that a policy shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition, statement and explanation of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the applicant, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

APPLICANT'S SIGNATURE		TITLE		DATE	
BROKER COMPANY		BROKER NAME		WEBSITE	
ADDRESS		CITY		STATE	ZIP
TELEPHONE		FAX		EMAIL	

BROKERS: To submit complete application, please email PDF to info@brownyard.com.
INSUREDS: Please save and share with your insurance agent/broker.