

BROWNYARD GROUP

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NOTE: All Questions Must Be Answered



PRODUCTS LIABILITY APPLICATION

(Please type or print clearly)

1. Named Insured: _____
COMPLETE NAME AS IT SHOULD APPEAR ON THE POLICY, INCLUDING INC., CORP., LTD., ETC.)
2. Mailing Address: _____
NO. STREET (indicate floor number) CITY STATE ZIP
3. Business Phone: (_____) _____ Home Phone: (_____) _____ Fax No.: (_____) _____
4. Email Address: _____ Website: _____
5. How did you hear of us? Web surfing Ad in which publication: _____ Other: _____
6. Attach list of additional locations, if any.
7. How long have you been in business? _____
8. What percentage of your products do you:
Manufacture: _____ % Distribute: _____ % Import: _____ % Export: _____ %
9. In whose name are your products labeled? _____
10. Are your products repackaged, rebottled, or relabeled in any way? Yes No If yes, give details:

11. Who provides the following for your products? Formula: _____ Ingredients: _____
Containers: _____ Labels: _____
12. Do any of your products contain:
Lactic Acid Yes No If yes, _____ PH level
Glycolic Acid Yes No If yes, _____ PH level
Talcum Powder Yes No If yes, which products? _____
13. 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?

14. Do you have a written Recall Program? Yes No If yes, please attach a copy.
15. What percentage of your products are for: Professional Use: _____% Sale to the public: _____%
16. If products are sold to the public, do you have a written Consumer Relations Program? Yes No
If yes, please attach a copy.
17. Are your susceptible products tested for microbial contamination? Yes No
By whom? _____ How often? _____
Describe testing: _____
18. Are samples of finished products retained? Yes No
How many samples and for how long? _____
19. Have any of your products been discontinued in the last two years? Yes No
If yes, what was the reason for the discontinuation? _____
20. Do you manufacture or distribute any product that requires a prescription? Yes No
21. Do you manufacture or distribute any product to be ingested? Yes No
22. Do you have current copies of certificates of insurance, naming your company as additional insure, from your finished product suppliers? N/A-self as manufacturer Yes No
23. Describe any losses (claims) over the last three years. Attach copies of any claim printouts from previous carriers.

24. Name of current carrier _____ Exp. Date _____
Requested Limit of Liability: \$ _____ Requested Deductible Per Claim: \$ _____
25. Is a premium quotation desired for: Products Liability only **OR** General Liability including Products Liability?
26. Provide details regarding any indemnification or hold harmless agreements in existence in which you assume the liability of others (use separate sheet).
27. Has your insurance company refused to renew your current policy? Yes No If yes, give details:

28. What are your estimated gross sales for the coming year? _____
The estimated payroll? _____
What were your gross sales last year? _____ The year before? _____
29. Please supply us with the following:
a.) All products brochure and/or labels
b.) A copy of your expiring policy
c.) 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.

NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO MAINE APPLICANTS: It is a crime to 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

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.

APPLICANT'S SIGNATURE

TITLE

DATE

BROKER'S COMPANY

BROKER NAME

WEBSITE

ADDRESS

CITY

STATE

ZIP

TELEPHONE

FAX

EMAIL