



Insurance when you know BETTER®

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
Line of Business: General Liability
Policy Type: Products Liability General Liability incl Products Liability
Policy Number - Renewal Only:
Effective Date:

Interested in: Property (Attach req. forms: ACORD 125 and 140)
Inland Marine (Attach req. forms: ACORD 125, 146, and 148)

- 1. Insured Company Name:
2. DBA(s):
3. Individual Assoc Corp LLC LLP Partnership C-Corp S-Corp Sole Proprietor Joint Venture Trust Non-Profit Other:
4. Mailing Address: NO. STREET CITY STATE ZIP
5. Physical Address*: NO. STREET CITY STATE ZIP
6. County: NAICS/SIC Code:
7. Business Phone: Fax:
8. Company Email: Website:
9. Federal ID Number/FEIN: License Number:
10. Principal: Title: Direct Phone: Mobile: Email:
11. Audit Contact: Title: Direct Phone: Mobile: Email:
12. A. Has the principal(s) of this firm previously operated a similar firm under a different name? B. If yes, please provide the former name:
13. Policy proposed effective date: Date established:
14. How did you hear about us? Internet Search Social Media Ad in which publication: Email Word of Mouth Other:
15. Check limit of Liability desired: \$2 mil. \$3 mil. \$4 mil. \$5 mil. Other:

21 Maple Avenue • Bay Shore, NY 11706 • www.brownyard.com • info@brownyard.com
Call Toll Free (800) 645-5820 • Phone (631) 666-5050 • Fax: (631) 666-5723

OPERATIONS INFORMATION

17. 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.
18. Total number of employees: _____ Full Time: _____ Part Time: _____
19. How long have you been in business: _____
20. 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
21. 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: \$ _____

PRODUCT INFORMATION

22. 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: _____
23. Who provides the following for your products?
Containers: _____
Ingredients: _____
Formula: _____
Labels: _____
24. Do you purchase any ingredients or products from foreign suppliers? Yes No If yes, please attach a list of items & countries imported from.
25. 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: _____
26. What percentage of your products are for: Professional Use: _____% Sale to the public: _____%
27. If products are sold to the public, do you have a written Consumer Relations Program? Yes No
If yes, please attach a copy.
28. Are your susceptible products tested for microbial contamination? Yes No
By whom: _____ How often: _____
Describe testing: _____

29. Are samples of finished products retained? Yes No

How many samples and for how long: _____

30. Do you have a written Recall Program? Yes No If yes, please attach a copy.

31. Have you ever recalled, discounted or changed your products? Yes No If yes, please explain:

32. Do you manufacture or distribute any product that requires a prescription? Yes No

33. Do you manufacture or distribute any product to be ingested? Yes No

34. Have you voluntarily registered your cosmetic products with the FDA? Yes No

PRIOR GENERAL LIABILITY INFORMATION

35. 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:

36. 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: _____

37. a) Do you have current copies of certificates of insurance, naming your company as additional insured, from your finished product suppliers? N/A-self as manufacturer Yes No

b) Name of suppliers:

38. Describe any losses (claims) over the last three years. Attach copies of any claim printouts from previous carriers.

39. Please supply us with the following:

- a.) All products brochures 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 DEFAUD 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. 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

APPLICATION MUST BE SUBMITTED BY BROKER

BROKER'S 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 & share with your insurance agent/broker