

APPLICATION MUST BE SUBMITTED BY BROKER

# BROWNYARD GROUP

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Call Toll Free (800) 645-5820 • in NY (631) 666-5050 • Fax: (631) 666-5723

**NOTE: All Questions Must Be Answered**



## PRODUCTS LIABILITY RENEWAL APPLICATION

*(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)*

1. Named Insured: \_\_\_\_\_
2. Other Entity/DBA(s): \_\_\_\_\_  
*(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)*
3. Principal: \_\_\_\_\_ Title: \_\_\_\_\_  
Direct Phone: \_\_\_\_\_ Email: \_\_\_\_\_
4. Audit Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Direct Phone: \_\_\_\_\_ Email: \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_  
NO. STREET CITY STATE ZIP
6. Physical Address: \_\_\_\_\_  
NO. STREET CITY STATE ZIP COUNTY  
*(\*Attach a list if multiple locations)*
7. Business Phone: \_\_\_\_\_ Mobile/Home: \_\_\_\_\_ Fax: \_\_\_\_\_
8. Company Email: \_\_\_\_\_ Website: \_\_\_\_\_
9. Policy proposed effective date: \_\_\_\_\_ Federal ID Number/FEIN: \_\_\_\_\_
10. Total number of employees: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_
11. 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.
12. Estimated Annual Domestic Sales (next 12 months): \_\_\_\_\_  
*(U.S.-including its territories/possessions, Puerto Rico & Canada)*  
Estimated Annual Foreign Sales (next 12 months): \_\_\_\_\_
13. Provide sales estimated for the upcoming 12-month period by category: \_\_\_\_\_  
*(Your total sales here should match your total sales from question #17)*
  - 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) Imported from outside of the US, Puerto Rico or Canada: ..... \$ \_\_\_\_\_
14. Do you purchase any ingredients or products from foreign suppliers?  Yes  No If yes, please list items & countries imported from: \_\_\_\_\_
15. Have you added any new products to your existing product line within the last 12 months?  Yes  No If yes, please provide copies of the product labels for review.
16. Do you manufacture or distribute any product that requires a prescription?  Yes  No
17. Do you manufacture or distribute any product to be ingested?  Yes  No

18. Have you ever recalled, discounted or changed your products?  Yes  No If yes, please explain: \_\_\_\_\_
19. Do any of your products contain:  
 Glycolic Acid .....  Yes  No If yes, \_\_\_\_\_ PH level  
 Lactic Acid .....  Yes  No If yes, \_\_\_\_\_ PH level  
 Talcum Powder.....  Yes  No If yes, which products: \_\_\_\_\_
20. 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: \_\_\_\_\_
21. 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
22. Have you voluntarily registered your cosmetic products with the FDA?  Yes  No
23. May we have a copy of your most recent balance sheet: \_\_\_\_\_
24. In the past year have you had any claims or incidences that could lead to a claim?  Yes  No

**It is mandatory that this application be signed and dated  
 by the named insured and submitted prior to the renewal date.**

\_\_\_\_\_  
 APPLICANT'S SIGNATURE TITLE DATE

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\_\_\_\_\_  
 BROKER'S COMPANY BROKER NAME WEBSITE

\_\_\_\_\_  
 ADDRESS CITY STATE ZIP

\_\_\_\_\_  
 TELEPHONE FAX EMAIL