

1. Company Name: (Attach list of all subsidiaries) _____
2. Description of Operations: _____
3. Years In Business _____
4. Has the applicant changed names in the last five year? Yes ☐ No ☐
(If yes provide details)
5. Has the applicant merged with or purchased any other operations within the last 5 years? Yes ☐ No ☐
(If yes attach addendum providing full details, including whether or not purchased companies liabilities as well as assets were purchased).
6. Historical Exposures:

	Payroll	Gross Receipts	Cost of Subcontractors
Next Policy Year (EST.)	\$ _____	\$ _____	\$ _____
Current Year	\$ _____	\$ _____	\$ _____
1 st Prior Year	\$ _____	\$ _____	\$ _____
2 nd Prior Year	\$ _____	\$ _____	\$ _____
3 rd Prior Year	\$ _____	\$ _____	\$ _____
4 th Prior Year	\$ _____	\$ _____	\$ _____
7. List the five largest clients

Client Name	Contract Cost	Description of work
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
8. Has the applicant ever been named in litigation regarding products liability? Yes ☐ No ☐
(If yes attach addendum giving full details including dates and amounts paid)
9. Does the applicant use a written quality control program? Yes ☐ No ☐
(If yes, attach copy of safety program)
10. Has the applicant had any OSHA citations in the last 10 years? Yes ☐ No ☐
(If yes, attach addendum giving full details including dates and amounts paid)
11. Does the applicant contract the services of manufactures? Yes ☐ No ☐
If yes, what _____% of work
12. Are written contracts used with sub-contracted manufactures? Yes ☐ No ☐
13. Are copies of sub-contracted manufactures Certificates of Insurance required? Yes ☐ No ☐
List limits required: General Liability \$ _____ Employers Liability \$ _____
14. Is the applicant ALWAYS named as an additional insured on Certificates of Insurance? Yes ☐ No ☐

15. Are any products targeted for the following uses: (Attach addendum detailing all yes answers):

Aviation Industry	Yes <input type="checkbox"/> No <input type="checkbox"/>	Firearms	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aerospace Industry	Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Products	Yes <input type="checkbox"/> No <input type="checkbox"/>
Automobile Industry	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mining Products	Yes <input type="checkbox"/> No <input type="checkbox"/>
Boilers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pharmaceuticals	Yes <input type="checkbox"/> No <input type="checkbox"/>
Building Materials	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rail Road products	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explosives/Fireworks	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sporting Goods	Yes <input type="checkbox"/> No <input type="checkbox"/>
Farm Machinery	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tobacco Products	Yes <input type="checkbox"/> No <input type="checkbox"/>

16. Does the applicant have any products that have been discontinued? Yes ☐ No ☐
(If yes provide details)

17. Does the applicant PLAN on discontinuing any product within the next 12 months? Yes ☐ No ☐
(If yes provide details)

18. Does the applicant PLAN on introducing any NEW product within the next 12 months? Yes ☐ No ☐
(If yes provide details)

19. Are any product components manufactured by NON-US Companies? Yes ☐ No ☐
(If yes provide details)

20. Are any products manufactured and sold under the labels of OTHERS? Yes ☐ No ☐
(If yes provide details)

21. Are any products manufactured BY other manufactures and sold under APPLICANTS Name? Yes ☐ No ☐
(If yes provide details)

22. Attach Copies of Brochures or other descriptive literature & most recent Audited Financial Statements

23. ATTACH 5 YEARS OF CURRENTLY VALUED LOSS INFORMATION.