## PRODUCT LIABILITY

S UPPLEMENTAL QUESTIONNAIRE

## PREPARATION INSTRUCTIONS

1) ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTIONS IS NONE, PLEASE STATE NONE.

Houston

- 2) APPLICATION MUST BE SIGNED AND DATED BY OWNER, PARTNER OR OFFICER.
- 3) BROCHURES, COPIES OF GUARANTEES, WARRANTIES AND HOLD HARMLESS AGREEMENTS FURNISHED BY THE NAMED INSUREDS SHOULD ACCOMPANY THE APPLICATION.
- 4) THE LATEST 10K AND 10Q, OR IF A PRIVATELY HELD BUSINESS, LATEST AUDITED FINANCIAL STATEMENT AND LATEST QUARTER INCOME REPORT SHOULD BE FURNISHED.

APPLICANT INFORMATION     A) NAME (FIRST NAMED INSURED AND OTHER NAMED INSUREDS)																
B)	LIST ALL APP	PLICA	NTS'	WEB	SITE	S:										
2. DE	2. DESCRIPTION OF OPERATIONS															
SPECIFIED PRODUCTS AND COMPLETED OPERATIONS     A) ONLY THOSE PRODUCTS AND SERVICES SPECIFIED BELOW WILL BE CONSIDERED FOR COVERAGE. REFER TO KEY BELOW																
PRODUCTS (SPECIFIC CATEGORY)		APPLICANT ACTS AS A/AN:						%	DOES APPLICANT			PR	PRODUCTS SOLD TO			
,		М	W	R	I	MR	NO. OF YEARS	GROSS SALES	INSTALL	REPAIR/ SERVICE	W	R	MC	С	0	
	M = MANUFACTUR	RER		R=	RETA	AILER		MR = MANUFA	CTURER'S REF	0	THER (S	SPEC	IFY)			
	W = WHOLESALER				IMPO			C = CONSUME								
В)	B) HAVE YOU DISCONTINUED OR ARE YOU CONSIDERING DISCONTINUING ANY PRODUCT TO BE COVERED BY THIS INSURANCE?							lIS	YES		NO					
	IF YES, PLEASE DESCRIBE:															
C)	ARE ANY NEW P	RODUC	CTS P	LANNE	D FO	R SALE I	DURING THE	NEXT 12 MONT	HS?							
D)	D) DO YOU IMPORT COMPONENT PARTS?															
E)	DO YOU EXPORT								NINIECTION VAUS	ru						
F)	DO YOU KNOW IF AIRCRAFT/MISSII					UIS UK	SERVICES AI	ZE OSED IN CO	ININECTION WIT	lΠ						
G)	G) ARE ANY OF YOUR PRODUCTS OR SERVICES SUBJECT TO REGISTRATION/REGULATION/REVIEW BY ANY GOVERNMENTAL AGENCY?															
	PLEASE EXPLAIN ANY "YES" ANSWERS:															

4.	4. SALES HISTORY								
	A)	TOTAL SALES OR RECEIPTS FOR ALL PRODUCTS AND SERVICES  PAST 12 MONTHS \$ 1ST PRIOR YEAR \$ 2ND PRIOR YEAR \$							
		DESCRIBE ANY SIGNIFICANT CHANGE IN PRODUCT SALES MIX BETWEEN ANY PRIOR YEAR AND NEXT YEAR'S PROJ	ECTION:						
	-								
	B)	DO YOU WISH TO PROVIDE YOUR CUSTOMERS WITH VENDORS COVERAGE? IF YES, NAME OF VENDOR:	YES	NO					
		YOUR PRODUCT:							
		RATIONS, ADDITIONAL LIABILITIES & UNIQUE CHARACTERISTICS							
5.	OPE								
	A)	DO OTHERS MANUFACTURE, ASSEMBLE, PACKAGE OR INSTALL PRODUCTS UNDER YOUR NAME OR LABEL?							
	B)	DO YOU MANUFACTURE, ASSEMBLE, PACKAGE OR INSTALL PRODUCTS FOR OTHERS UNDER THEIR NAME OR LABEL?							
		PLEASE EXPLAIN ANY "YES" ANSWERS:							
	C)	HAVE YOU SOLD ANY BUSINESS IN WHICH YOU RETAINED LIABILITIES?  IF SO, PLEASE FURNISH DETAILS INCLUDING LIST OF PRODUCTS MANUFACTURED, ASSEMBLED, PACKAGED OR							
	5,	INSTALLED BY YOU PRIOR TO THE DATE SOLD:							
	D)	HAVE YOU ACQUIRED OR DIVESTED ANY BUSINESS OPERATIONS WITHIN THE LAST 5 YEARS?  IF SO, PLEASE DESCRIBE YOUR OBLIGATIONS FOR PAST, PRESENT AND FUTURE LIABILITIES:							
	E)	CAN YOU IDENTIFY YOUR PRODUCT FROM THOSE OF COMPETITORS?							
	_,	HOW?	_	_					
		PLEASE EXPLAIN ANY "NO" ANSWERS:							
6.	CL.	AIMS HISTORY – FIVE YEARS OR MORE (LOSS RUNS MUST BE FURNISHED)  TOTAL AGGREGATES LOSSES, INCLUDING DEFENSE COSTS:							
	,	POLICY PERIOD NO. OF TOTAL AMOUNTS PAID AMOUNTS IN RESERVE	VAL	UATION					
		CLAIMS INDEMNITY EXPENSE INDEMNITY EXPENSE	I	DATE					
			<u> </u>						
			<u> </u>						
	B)	DESCRIBE INDIVIDUAL LOSSES, VALUED \$25,000 OR MORE, INCLUDING DEFENSE COSTS:							
				-					
		ARE YOU AWARE OF ANY OTHER OCCURRENCES, INCIDENTS, CONDITIONS, DEFECTS OR		_					
	C)	YES	NO □						
		IF YES, GIVE DETAILS:							

7. DESIGN, QUALITY CONTROL, RECORDKEEPING, WARNINGS & CLAIM DEFENSE			VEC	NO			
				YES	NO		
	A)	WHO DESIGNS YOUR PRODUCTS?					
	B)	DO YOU REQUIRE COPIES OF CERTIFICATES EVIDENCING DOMISSIONS INSURANCE TO BE KEPT IN YOUR FILES?					
		IF YES, ARE YOU NAMED AS AN ADDITIONAL INSURED ON TH					
		IF YES, WILL YOU RECEIVE 30 DAYS NOTICE OF CANCELLAT					
	C)	ARE YOUR PRODUCTS DESIGNED, TESTED, LABELED AND M GOVERNMENT AND INDUSTRY STANDARDS?					
	D)	WHAT GOVERNMENT/INDUSTRY STANDARDS MUST YOUR PIDENTIFY TOP 3 STANDARDS (INCL. STANDARD NUMBERS).					
	E)	ARE DESIGNS REVIEWED, TESTED AND VERIFIED BY OTHER					
	F)	DO YOU HAVE A QUALITY CONTROL PROGRAM?					
	G)	IF YOU HAVE A QUALITY CONTROL PROGRAM, IS IT WRITTEN					
	H)	WHICH OF THE FOLLOWING ELEMENTS DOES YOUR QUALIT					
		1) WRITTEN SPECIFICATIONS/REQUIREMENTS FOR SUPP					
		2) TESTS OF MATERIALS AND COMPONENTS RECEIVED F	FROM SUPPLIERS TO DETERMINE CONFORMANCE?				
		3) ARE PRODUCTS TESTED AT VARIOUS STAGES TO VER					
		4) ARE FINISHED PRODUCTS TESTED TO VERIFY THEY M					
		5) DO YOU RETAIN YOUR RECORDS OF TEST RESULTS?	ELT LIN GINN NOE NEGONEMENTO.		_		
		6) HOW LONG DO YOU RETAIN YOUR RECORDS?		_	_		
	D)	DO YOUR RECORDS INDICATE WHEN EACH PRODUCT WAS I	MANUFACTURED?				
	1)			_			
	J)	DO YOUR RECORDS SHOW TO WHOM AND THE DATE EACH					
	K)	DO YOUR RECORDS SHOW WHO SUPPLIED THE COMPONEN	IT PARTS GOING INTO YOUR PRODUCTS?				
	L)	DO YOU REQUIRE CERTIFICATES FROM YOUR SUPPLIERS E					
	M)						
	NI)	IF YES, WHO IS THE REGISTRAR (I.E. TUV)?	EOR ANY PRODUCTS/S) FOR OTHERS?				
	IN)	I) DO YOU EVER DRAW PLANS, DESIGNS OR SPECIFICATIONS FOR ANY PRODUCTS(S) FOR OTHERS? IF YES, DO YOU CARRY DESIGN OR ARCHITECTS AND ENGINEERS ERRORS AND OMISSIONS INSURANCE?					
	0)						
	O) DOES LEGAL COUNSEL PERIODICALLY REVIEW ALL INSTRUCTIONS, OPERATING MANUALS, ADVERTISEMENTS AND WARRANTIES TO AVOID MISUNDERSTANDINGS RELATIVE TO PRODUCT SAFETY OR INTENDED USE?						
		HOW OFTEN?					
	P)	DO YOU MAINTAIN RECORDS OF CHANGES IN DESIGNS, ADV					
	(P)	•					
	Q)	DO YOU HAVE A SPECIFIC PROGRAM TO WITHDRAW KNOWN OR SUSPECTED DEFECTIVE PRODUCTS FROM THE MARKET?					
	R)	HAVE YOU EVER RECALLED (EITHER VOLUNTARILY OR INV ANY KNOWN OR SUSPECTED DEFECTIVE PRODUCTS FROM					
		IF YES, PLEASE FURNISH DETAILS:					
	S)	DO YOU FURNISH ANY GUARANTEES, WARRANTIES, OR HOL	LD HARMLESS AGREEMENTS?				
	-,	IF YES, PLEASE FURNISH DETAILS:					
	<b>T</b> \	LIST VOLID MEMBERSHIPS IN ANY INDUSTRY PROPUSE OF A	NDADD ODCANIZATIONS				
	T)	LIST YOUR MEMBERSHIPS IN ANY INDUSTRY PRODUCT-STA 1) 2) 3)	NDARD ORGANIZATIONS 4)				
		1) 2) 3)	4)				
NO	TIC	E TO KENTUCKY, NEW YORK AND OHIO A	PPLICANTS: ANY PERSON WHO I	ZNIOWINIC	I V AND		
		TENT TO DEFRAUD ANY INSURANCE COMPANY O					
		ENT OF CLAIM CONTAINING ANY MATERIALLY FALSE					
		ATION CONCERNING ANY FACT MATERIAL THERETO					
YORK PUNISHABLE BY A FINE OF UP TO \$5,000.							
DATE COMPLETED							
Applicant warrants and agrees that the above answers and all attachments are in all respects true and shall be deemed material and are made to induce the Company to issue a policy, that the							
			DDINT NAME				
			PRINT NAME				
Company will rely on the same when issuing a policy, and that all							
pertinent information has been fully disclosed. The applicant understands that submission of this information creates no			SIGNED BY				
obligation on the part of the Company to provide insurance either							
on the basis requested or on any other basis.			TITLE				