

BROWNYARD GROUP

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NOTE: All Questions Must Be Answered

FOUNDATION 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 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?
13. Do you have a written Recall Program? Yes No If yes, please attach a copy.
14. What percentage of your products are for: Professional Use: % Sale to the public: %

15. If products are sold to the public, do you have a written Consumer Relations Program? Yes No
If yes, please attach a copy.

16. Are your susceptible products tested for microbial contamination? Yes No

By whom?

How often?

Describe testing:

17. Are samples of finished products retained? Yes No

How many samples and for how long?

18. Have any of your products been discontinued in the last two years? Yes No

If yes, what was the reason for the discontinuation?

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

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

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

22. Name of current carrier

Exp. Date

Requested Limit of Liability: \$

Requested Deductible Per Claim: \$

23. Is a premium quotation desired for: Products Liability only **OR** General Liability including Products Liability?

24. Provide details regarding any indemnification or hold harmless agreements in existence in which you assume the liability of others (use separate sheet).

25. Has your insurance company refused to renew your current policy? Yes No If yes, give details:

26. What are your estimated gross sales for the coming year?

The estimated payroll?

What were your gross sales last year?

The year before?

27. 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

SIGNATURE OF OWNER OR OFFICER

DATE