

BROWNYARD GROUP

21 Maple Avenue • PO Box 9175 • Bay Shore, NY 11706-9175 • www.brownyard.com
Call Toll Free (800) 645-5820 • in NY (631) 666-5050 • Fax: (631) 666-7646 • info@brownyard.com

NOTE: All Questions Must Be Answered



PRODUCTS LIABILITY RENEWAL 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. Expiring Policy No.: _____ Expiration Date: _____

6. Please advise your actual sales between: _____ and the present: \$ _____

7. Please advise your estimated sales for the period: _____ to _____ : \$ _____

8. Please provide full details regarding any new products since last year: _____

9. Please provide full details regarding any discontinued products since last year: _____

10. 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: _____

11. Do you manufacture or distribute any products that require a prescription? Yes No

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

13. May we have a copy of your most recent balance sheet _____

14. Have there been any changes in name, address, ownership or operation or is there any other pertinent data of which we should be informed? _____

15. In the past year have you had any claims or incidences that could lead to a claim? Yes No

16. Audit Contact: _____ Phone #: _____

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

Named Insured Signature

DATE