



COLONY SPECIALTY

Member Argo Group

Colony Product Liability Supplemental Application

(To be submitted with Acord General Liability Application)

Applicant: _____
 Address: _____
 Website: _____

1. Please provide the following information for all products that you manufacture:

| Product Manufactured | Application or Use | Annual Gross Sales | Number of Units |
|----------------------|--------------------|--------------------|-----------------|
| | | | |
| | | | |
| | | | |

2. Does your company: [Check all that apply]

- Design its' own products
- Design for others
- Manufacture to customer specifications
- Consult customers on product design
- Require sign off on design work for others

3. Do you manufacture the complete product? _____ a) If not, what components are purchased? _____
 _____ Is any product or component imported? _____

4. Do you do any installation, service, or repair work? _____ If yes, explain _____

5. Do others manufacture, assemble, package or install products under your name or label? _____
 If yes, explain _____

6. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards? N/A Yes No

7. For numbers 3a. and 5. above, is there a contractual agreement or certificate of insurance in place to properly protect you from liability? _____ Explain _____
 _____ Has legal counsel reviewed for acceptability? _____

8. Does legal counsel periodically review all instructions, operating manuals, advertisements and warranties to avoid misunderstandings relative to installation, product safety, or intended use? _____

9. Are any of your products used by the aviation/aerospace industry? _____

10. Who are your top five customers? [Include name & state] a) _____ b) _____
c) _____ d) _____ e) _____

11. What are your annual gross sales for each of the past five years? 1st) _____ 2nd) _____
3rd) _____ 4th) _____ 5th) _____

12. List the final user of the product(s). _____

13. Has any product been self-insured, uninsured, or excluded from any previous coverage? _____
If yes, explain _____

14. Are written quality control records and testing procedures followed? Yes No

a. How long are quality control records and testing procedures followed? _____

b. Are you required to file and test results with any regulatory body? Yes No

c. Are records kept of when each product was manufactured? Yes No

d. Do you keep records of the date each product was sold and to whom? Yes No

e. Are raw materials or component parts which go into your products recorded? Yes No

f. Are changes in designs, advertisements and sale brochures recorded? Yes No

g. Are any quality control checks being performed on your products by your end customers? Yes No

h. Can you distinguish your product from those of competitors? If yes, how: _____

15. Do you have a products recall plan? _____ Have you ever recalled a product for any reason? _____
If so, explain _____

The Applicant hereby covenants and agrees that the foregoing statements and answers are just, full and true exposition of all facts and circumstances with regard to the risk to be insured, insofar same are known to the Applicant, and the same are hereby made the basis and a condition of the insurance, and a warranty on the part of the insured.

Applicant's Signature _____ Date: _____

Producer's Signature _____ Date: _____