

Your First Step in establishing a program that will provide excellent coverage is to complete the following questionnaire. Your information will be Processed against over 100 different companies and a proposal will be created. Providing as much information as possible will give you the best chance to get excellent rates.

## Looking for Product Liability Insurance

Bridenstine and Associates

Fax 612-395-5233

Contact First Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_  
Contact Last Name \_\_\_\_\_ Fax \_\_\_\_\_  
Your Company Name \_\_\_\_\_ Your Web Page Address \_\_\_\_\_  
Mailing Address 1 \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address 2 \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Mailing City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Contact Notes \_\_\_\_\_

Location Address 1 \_\_\_\_\_  
Location Address 2 \_\_\_\_\_  
Location City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Years in business \_\_\_\_\_

Business Type  Individual  Corporation  Partnership  
 Joint venture  LLC  Other

Premises Type  Owner  Owner-Lessor  Service  
 Off ice  Habitational

Program  Retail  Wholesale  Service  
 Off ice  Habitational

Description of operations \_\_\_\_\_

Mortgagee name & address \_\_\_\_\_

Business liability \_\_\_\_\_ \$300,000, \$500,000, or \$1,000,000

Business personal property to cover \_\_\_\_\_ enter \$ amount

Deductible \_\_\_\_\_

Exterior glass  Yes  No Sign  Yes  No

Amount of Money & Securities ie \$10,000 Inside/\$2,000 outside \_\_\_\_\_

Systems breakdown - Boiler and Machinery  Yes  No

Accounts receivable Amount \_\_\_\_\_

Valuable papers \_\_\_\_\_

Business computer: Hardware \_\_\_\_\_

Software \_\_\_\_\_

Employee dishonesty \_\_\_\_\_

Additional insured name & address \_\_\_\_\_

Non-owned and hired automobile \_\_\_\_\_

Building Amount to insure \_\_\_\_\_  
Replacement cost \_\_\_\_\_  
Actual cash value \_\_\_\_\_  
Construction  Frame  Joisted masonry  
 Masonry: Noncombustible  
 Fire resistive  
Sq. foot area of each building \_\_\_\_\_  
Sq. foot area occupied by applicant \_\_\_\_\_  
Year of construction \_\_\_\_\_  
Number of stories \_\_\_\_\_

Annual Sales \_\_\_\_\_  
Annual payroll \_\_\_\_\_  
Number of Employees \_\_\_\_\_  
Payroll Excluding Owner \_\_\_\_\_

Prior Insurance Description Past 3 Years (Company Name, Year's Covered)

Loss History (Descriptions, Dates, Amount paid)

Remarks

# Product Liability Questionnaire

Name of Product(s) \_\_\_\_\_

Type of Product(s) \_\_\_\_\_

YEARS EXPERIENCE \_\_\_\_\_ # of Owners \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Patent HOLDER:  OWNER  EMPLOYEE  
 OFFICER  OTHER:

Corporation  Individual  Partnership

[Coverage Checklist](#)

# EMPLOYEES  
 FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

GROSS RECEIPTS PAST YEAR

PAYROLL PAST YEAR

TOTAL COST OF SUBCONTRACTED WORK PAST YEAR

MINIMUM GL LIMITS REQUIRED OF SUBCONTRACTORS

OCC 5

AGGREG

a. Full name of all entities past and/or present to be Named Insureds.

\_\_\_\_\_  
 \_\_\_\_\_

b. Principal business premise address: \_\_\_\_\_ (Street) \_\_\_\_\_ (County)

\_\_\_\_\_ (City) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

d. Years in business under the present name: \_\_\_\_\_

e. S.I.C. code, \_\_\_\_\_

c. Retroactive date: \_\_\_\_\_

d. Present Insurer: \_\_\_\_\_

e. Has any insurer ever canceled, restricted or refused to renew your products liability insurance ? | Yes | No (If yes, please attach explanation.)

a. Only those products and services specified below will be considered for coverage:

Products and Services (or specific categories)	Applicant Acts as a/an					No. of years	% of gross sales	Does applicant		Products sold to:				
	M	W	R	I	MR			Install?	Repair or service?	W	R	MR	C	O

M - manufacturer W - wholesaler R - retailer I - importer MR - manufacturers rep. C - consumer - direct O - other (describe)

b. Have you discontinued or are you considering discontinuing any product to be covered by this insurance?  
 Yes  No (if yes, please attach explanation.)

c. Are any of your products or services known to be used in connection with aircraft/missiles/aerospace?  
 Yes  No (If yes, please attach explanation.)

a. Total sales or receipts for all products and services Next years projection \$ \_\_\_\_\_ 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 projection

\_\_\_\_\_

b. Do you wish to include your customers as additional insureds with Vendors coverage?  Yes  No

a. PROCESSING 1. Do others manufacture, assemble, package or install products under your name or label?  Yes  No (if yes, please attach explanation.)

2. Do you manufacture, assemble, package or install products for others under their name or label?  Yes  No (If yes, please attach explanation.)

b. QUALITY CONTROL AND RECORDKEEPING

1. Do you have a quality control and testing procedure?  Yes  No

2. How long are quality control and testing records kept? \_\_\_\_\_

3. Can you identify your product from those of competitors?  Yes  No

4. Do your records show to whom and the date each product was sold?  Yes  No

5. Do you require certificates evidencing Products Liability insurance from suppliers?  Yes  No

- a. Who designs your products? \_\_\_\_\_
- b. Are designs reviewed, tested and verified by others?  Yes  No
- c. Do you maintain records of changes in designs, advertisements and sales brochures?  Yes  No If yes; how long? \_\_\_\_\_ years
- d. Are all instructions, operating manuals, advertisements and warranties periodically reviewed by Legal Counsel to avoid misunderstandings relative to product safety or intended use?  Yes  No
- e. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards?  Yes  No
- f. Do you have a specific program to withdraw known or suspected defective products from the market?  Yes  No
- g. Have you ever recalled or are you considering recalling any known or suspected defective products from the market?  Yes  No (If yes, please attach explanation.)
- a. Total losses, including any deductible and/or defense. Please attach description of any losses over \$10,000.

Year(s)	No. of Claims	TOTAL AMOUNTS PAID		AMOUNTS IN RESERVE		Total Incurred	Date of Loss Information
		BI	PD	BI	PD		

- b. Are you aware of any other incidents, conditions, circumstances, defects, or suspected defects which may result in claims against you?  Yes  No (If yes, please attach explanation.)
- f. Do you have a brochure to provide to customers? (if so please attach)  Yes  No
- f. Do you have a Website to provide to customers?  Yes  No Address \_\_\_\_\_
- f. Do you have any literature to provide to customers? (if so please attach)  Yes  No

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