

## / Distributors Supplemental Application

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

AKA / DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Loc Address: \_\_\_\_\_

Insured Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Yrs in Business: \_\_\_\_\_ Yrs Experience: \_\_\_\_\_

Applicant is a:  Manufacturer  Distributor  Retailer  Other: \_\_\_\_\_

### GENERAL INFORMATION

	Prior Policy Term	Upcoming Policy Term
<b>Total Sales</b>	\$ _____	\$ _____

### PRODUCT AND SERVICES

Products and Services	Applicant Acts as a/an:						No of years	Gross Sales	Does Applicant:	
	M	W	R	I	MR	C			Install	Repair
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

**M**-Manufacturer **W**-Wholesaler/Distributor **R**-Retailer **I**-Importer **MR**-Manufacturers Rep. **C**-Consumer Direct

What is the intended end use for your product(s)? \_\_\_\_\_

Final users of applicant's product (s) are: \_\_\_\_\_

What is the health rating of your product (found on MSDS)? \_\_\_\_\_

Have you discontinued or are you considering discontinuing any product to be covered by this insurance?  Yes  No

Do others manufacture, assemble/alter, package or install products under your name or label?  Yes  No

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

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

Can you identify your product from the product of others?  Yes  No

Who designs your products? \_\_\_\_\_

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

Are you planning to add any new products in the next 12 months?  Yes  No

If "Yes", please provide details: \_\_\_\_\_

Any products discontinued in the past 3 years?  Yes  No

If "Yes", please provide details: \_\_\_\_\_

Do you have a specific program to withdraw known or suspected defective products from the market?  Yes  No

Have you ever recalled or are you considering recalling any known or suspected defective products from the market?  Yes  No

If "Yes", please provide details: \_\_\_\_\_  
 Do you manufacture products to the specifications of your customers? \_\_\_\_\_

Yes  No

**DISTRIBUTORS OR WHOLESALERS**

Do you receive a Certificate of Insurance from the manufacturer? \_\_\_\_\_  
 Are you named as additional insured by the manufacturer? \_\_\_\_\_  
 Do you repackage or relabel the product? \_\_\_\_\_  
 Do you assemble the product? \_\_\_\_\_  
 Are any products imported? \_\_\_\_\_  
 If "Yes", please provide details: \_\_\_\_\_  
 Where are the products imported from? \_\_\_\_\_  
 Are any components imported? \_\_\_\_\_  
 If "Yes", please provide details: \_\_\_\_\_  
 Where are the products imported from? \_\_\_\_\_

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

**OTHER**

Do you have a formal safety program in force? \_\_\_\_\_  
 Do you have Workers' Compensation coverage in force? \_\_\_\_\_  
 Has the applicant or majority partner filed for bankruptcy within the past five years? \_\_\_\_\_

Yes  No  
 Yes  No  
 Yes  No

**LOSS INFORMATION**

Was prior coverage ever cancelled or non-renewed?  Yes  No

If "Yes", please explain: \_\_\_\_\_

Loss information for the past 3 years:  No losses  No prior coverage

Year	# Of Claims	Incurred Amounts	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FRAUD STATEMENT**

**Applicable in Arkansas, Louisiana, and West Virginia**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in District of Columbia**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Applicable in Florida**

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Applicable in Kentucky**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Applicable in Maine**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Applicable in Maryland**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in New Jersey**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Applicable in New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Applicable in Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Applicable in Oklahoma**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Applicable in Rhode Island**

The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.

**Applicable in Tennessee, Virginia, and Washington**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**SIGNATURES**

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant's Name and Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_