



Kinsale Insurance Company  
 P. O. Box 17008  
 Richmond, VA 23226  
 (804) 289-1300  
[www.kinsaleins.com](http://www.kinsaleins.com)

**MANUFACTURERS SUPPLEMENTAL APPLICATION  
 COMMERCIAL GENERAL LIABILITY**  
 COMPLETE IN ADDITION TO ACORD APPLICATIONS.  
 ATTACH ADDITIONAL SHEETS AS NECESSARY.  
 ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

**APPLICANT'S INFORMATION**

DATE: \_\_\_\_\_

NAMED INSURED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

YEARS IN BUSINESS? \_\_\_\_\_

BROKER: \_\_\_\_\_

New? Yes  No       Renewal? Yes  No       Policy # \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

WEBSITE: www. \_\_\_\_\_

**GENERAL INFORMATION**

1) Current carrier information

Carrier:	
Limit of Insurance:	
Deductible:	
Premium:	
Expiration:	

Attach copies of the following:

- a. Current financial statement
- b. Applicant's product brochures
- c. Specimens of contracts/guarantees provided customers, if any and specimens of contracts with suppliers of manufactured products or components.



2) Has any similar coverage been canceled or nonrenewed in the past five years? Yes  No

3) Describe your business operations: \_\_\_\_\_  
\_\_\_\_\_

4) Name and address of parent company and all subsidiaries to be insured: (**NOTE:** Coverage applies **ONLY** to those entities specifically named in a policy we may issue to you.) Identify entities as parent or subsidiaries.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Years in business? \_\_\_\_\_

**Attach a separate sheet to list additional entities to be insured.**  Attached

4) Have you merged with or acquired any companies in the last 3 years? Yes  No   
If Yes, provide details and advise how past liabilities were handled in the acquisition. \_\_\_\_\_  
\_\_\_\_\_

5) Do you have a formal quality control program? Yes  No   
If Yes, provide details. If No, how do you assure the quality of your products? \_\_\_\_\_  
\_\_\_\_\_

6) If any division, product, or product group is to be specifically excluded from coverage, please indicate: \_\_\_\_\_  
\_\_\_\_\_

7) What products are manufactured, sold, handled or distributed?

TYPE OF PRODUCT AND BRAND NAME	TOTAL SALES LAST YEAR (000)	PERCENT OF SALES OUTSIDE U.S.	ESTIMATED SALES FOR NEXT YEAR (000)

8) In what geographic areas/states are these products sold or used? Indicate percentage of sales in each area.

U.S. STATES GEOGRAPHIC SECTIONS	PERCENT OF SALES	FOREIGN COUNTRIES	PERCENT OF SALES

9) If any products become component parts of another company's products, supply details and include end use applications. If sold to be repackaged under another name, to whom is it sold and what is the eventual name? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



10) Are any new products to be introduced/manufactured during the next year? Yes  No   
Describe type and expected sales: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11) Do you manufacture any products that are used in the following industries?

- Pharmaceutical
- Aviation
- Motor vehicles
- Chemical Medical/Health Care
- Biotechnology
- Children's furniture
- Children's toys
- Sporting Goods
- Industrial piping/pressurized piping
- Meat processing/slaughter houses
- Seafood processing
- Food manufacturing/processing
- Offshore

If Yes, please advise details.  
\_\_\_\_\_  
\_\_\_\_\_

12) Top Five Customers:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13) How can your products be identified from those of your competitors? \_\_\_\_\_  
\_\_\_\_\_

14) Do you agree to hold all distributors, dealers and suppliers harmless against claims or suits for bodily injury and property damage in connection with your products? Yes  No

15) Are any products sold or components used by you manufactured by foreign manufacturers? Yes  No   
If Yes, advise details with percent of cost of goods sold that have foreign components. \_\_\_\_\_  
\_\_\_\_\_

16) Has any product ever been recalled? Yes  No   
If Yes, supply the following details:

Date of recall: \_\_\_\_\_  Voluntary  Ordered By what agency? \_\_\_\_\_

Product involved: \_\_\_\_\_

Reason for recall and how discovered: \_\_\_\_\_

What was the remedy of the problem? \_\_\_\_\_

Were the federal/state authorities notified? Yes  No  If Yes on what date? \_\_\_\_\_

17) Do you have a formalized recall program? Yes  No

If Yes, please attach a copy.

If No, do you have an informal plan? Yes  No

If Yes, attach an outline.



- 18) Are batch or product records, serial numbers or copies of guarantee/warranty cards maintained that would facilitate tracing whereabouts of products? If Yes, supply details including how long such records are maintained? \_\_\_\_\_ Yes  No
- 19) Are products identified to ensure traceability to date and place of manufacturing? Yes  No
- 20) Are critical components identified and traceable to original source? Yes  No
- 21) Are raw materials traceable back to original source? Yes  No
- 22) Do you provide vendor agreements to customers of your products and name them as additional insureds? If Yes, please explain and attach specimen agreements. \_\_\_\_\_ Yes  No
- 23) Does any manufacturer provide vendors protection to you for any product that you distribute? If Yes, please advise which products and explain. \_\_\_\_\_ Yes  No
- 24) Are there any present situations which might give rise to an incident causing a product recall? If Yes, supply details. \_\_\_\_\_ Yes  No
- 25) Have you had any Product Liability claims or Manufacturing/Specification Errors & Omissions Claims that were or were not covered by insurance? If Yes, advise details. \_\_\_\_\_ Yes  No
- 26) Have you been cited by any regulatory agency for violations arising out of business activity involving your product? If Yes, provide details. \_\_\_\_\_ Yes  No
- 27) What percentage of your manufactured product sales are:  
a. Based on customer specifications? \_\_\_\_\_  
b. Based on your design? \_\_\_\_\_
- 28) Are you ISO 9000 certified? Yes  No   
Year of recognition \_\_\_\_\_
- 29) Do you service or repair your products or others' products at your premises or at another location? If Yes, provide details. \_\_\_\_\_ Yes  No
- 30) Do you have any discontinued products? If Yes, please explain the reasons for discontinuing. \_\_\_\_\_ Yes  No
- 31) During the past five years, has any insurer ever canceled or non—renewed similar insurance to any applicant or has your insurance been canceled for non—payment of premium by any insurance or finance company? If yes, please explain: \_\_\_\_\_ Yes  No



- 32) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to: allegations of faulty or defective products, product failure, product dispute bodily injury or property damage) arising out of or related to your products that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? Yes  No

#### FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO HAWAII APPLICANTS:** 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.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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 denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** 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.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she 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.

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

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** 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.



**NOTICE TO VIRGINIA APPLICANTS:** 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

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

Agent/Broker Name: \_\_\_\_\_

