Atlantic Casualty INSURANCE COMPANY
400 Commerce Court
Goldsboro, NC 27533
Phone: 877-225-5744
Fax: 919-751-1042

Clear Form

Products Liability Supplemental Questionnaire

(To be submitted with an ACORD General Liability Application)

1. Answer all questions completely and attach extra sheets with additional information where space is limited and as required.
2. State Yes, No or N/A where appropriate.
3. Incomplete or illegible applications may be discarded.
4. The application must be signed and dated by the owner, partner or an officer of the company.

APPLICANT GENERAL INFORMATION			
Applicant:			
Mailing Address:			
City, State & Zip Code:			
Website Address:			
Length of time in business:	Years Months	Proposed effective date:	
Length of time under the current management:	Years Months		
Survey Contact / Phone #:			

Applicant is:

☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Government Entity

☐ Non-Profit ☐ For Profit ☐ Other:

Description of Operations:

Is the applicant a subsidiary of any other entity and/or does the applicant have any subsidiaries? ☐ No ☐ Yes

If "Yes", provide list of other entities / subsidiaries and their operations:

Provide the other names which the applicant has conducted business:

Provide the total annual gross sales for all products and services the applicant wants coverage for to be listed in the PRODUCT AND SERVICES INFORMATION Section:

Year	Domestic Sales	Foreign Sales	Total Sales
Upcoming Year (Estimates)	$	$	$
Current / Expiring Year	$	$	$
1st Year Prior	$	$	$
2nd Year Prior	$	$	$
3rd Year Prior	$	$	$
4th Year Prior	$	$	$

List all physical offices, manufacturing and storage locations where the applicant conducts their operations:

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PRODUCER INFORMATION	
Agency:	
Mailing Address:	
City, State & Zip Code:	
Auto-Owner's Agent? ☐ No ☐ Yes	Auto-Owner's Agent #:

LIMITS AND DEDUCTIBLE / SIR INFORMATION	
Desired Limits:	Desired Deductible / SIR:

PRODUCT AND SERVICES INFORMATION

1. Provide the following information for those products and/or services the applicant wants coverage for:

Product / Services Description	Years In The Market	Estimated Product Life	Domestic Gross Sales	Foreign Gross Sales	Total # of Units	Applicant Is A/An M | W | R | I | MR	Products Sold To M | W | R | C | O
			$	$			
			$	$			
			$	$			
			$	$			

M = Manufacturer W = Wholesaler R = Retailer I = Importer MR = Manufacturer's Rep C = Consumer O = Other

2.	Describe the materials or principal components of each product:	
3.	Does the applicant design and manufacture the complete product?	☐ Yes ☐ No
3a.	If "No", what component parts are purchased?	
3b.	If "No", what component parts, if any, are from foreign manufactures?	
4.	Are all products under the applicant's label?	☐ Yes ☐ No
5.	Does the applicant manufacture products to the specifications of others?	☐ Yes ☐ No
5a.	If "Yes", do they test the products upon receipt from the applicant?	☐ Yes ☐ No
6.	Do others manufacture, assemble, package, or install products under the label the applicant's name or label?	☐ No ☐ Yes
7.	Does the applicant manufacture, assemble, package, or install products under the label of others?	☐ No ☐ Yes
8.	Are any new products planned to be introduced in the next 12 months?	☐ No ☐ Yes
8a.	If "Yes", please explain:	
9.	What products has the applicant ceased or discontinued manufacturing, wholesaling, retailing, importing and/or representing during the past 10 years and what were the reasons?	

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10.	Have any products been acquired by merger or acquisition?	☐ No ☐ Yes
10a.	If "Yes", please list those products:	
11.	Did the applicant assume the liability for any of those products?	☐ No ☐ Yes
12.	Does the applicant retain liability for any products or operations which they no longer control?	☐ No ☐ Yes
12a.	If "Yes", give details on the product(s) and/or operations(s) and why:	
13.	Provide the name and/or industry of the applicant's top five (5) customers:	
14.	Who performs installation of the applicant's product(s)? ☐ Applicant ☐ Customer ☐ Third party hired by the applicant ☐ Third party hired by the customer	
15.	Does the applicant offer training or instruction in the use of their product(s)?	☐ Yes ☐ No

QUALITY CONTROL, DESIGN AND LOSS PREVENTION INFORMATION		
1.	Does the applicant maintain quality control procedures?	☐ Yes ☐ No
2.	Does the applicant keep samples of all products involved in quality control procedures?	☐ Yes ☐ No
3.	Are complete records maintained and kept for the following:	
	a. When and where the product was manufactured?	☐ Yes ☐ No
	b. To whom the product was sold to and the date of the sale?	☐ Yes ☐ No
	c. Who shipped/delivered the product and the date the product was shipped/sent out for delivery?	☐ Yes ☐ No
	d. Who supplied the materials and/or components that are going / went into the product?	☐ Yes ☐ No
	e. Changes in the design of the product?	☐ Yes ☐ No
	f. Changes in the instructions, operating manual(s) and/or warnings for the product?	☐ Yes ☐ No
	g. Changes in the advertising material for the product?	☐ Yes ☐ No
	h. Reasons and/or Justification for changes made?	☐ Yes ☐ No
4.	Are serial and/or batch numbers shown on the finished product(s) and on shipment/delivery invoices?	☐ Yes ☐ No
5.	Can the date of manufacture or assembly of each product be identified by the factory, serial or batch number stamped on the product?	☐ Yes ☐ No
6.	How long are the records kept?	
7.	Are the product designs reviewed, tested, and verified by others?	☐ Yes ☐ No
7a.	If "Yes", by whom?	
8.	Are any of the applicant's products subject to any government or industry standards and/or regulation?	☐ No ☐ Yes
8a.	If "Yes", describe and/or list the standards and/or regulations:	
8b.	If "Yes", are the applicant's products in complete compliance?	☐ Yes ☐ No

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9.	Has the applicant ever recalled a product?	☐ No ☐ Yes
9a.	If "Yes", advise which product(s) and the reason for the recall:	
10.	Does the applicant have a formal product recall plan?	☐ Yes ☐ No
11.	Does the applicant have a written procedure for the handling of complaints about the product(s), including maintaining and keeping written records of the complaints?	☐ Yes ☐ No
12.	Does the applicant have written procedures for the handling of accidents / injuries involving the applicant's product(s), including maintaining and keeping written records of the accidents / injuries?	☐ Yes ☐ No
13.	Describe how the applicant's product(s) can be identified from the products of their competitors:	
14.	Has any of the applicant's products been subject to injury or investigation, relative to the product's safety, by any governmental agency?	☐ No ☐ Yes
14a.	If "Yes", advise which product(s) and the reason for the injury or investigation:	
15.	Does the applicant require Certificates of Insurance from the suppliers of materials and/or components used in the insured's product?	☐ Yes ☐ No
15a.	If "Yes", what limits does the applicant require the supplier to carry?	
15b.	If "Yes", is the applicant named as an additional insured on the Certificate of Insurance?	☐ Yes ☐ No
16.	If the applicant is a distributor of any product for which they do not actually manufacture, does the manufacturer of that product provide the applicant with vendors liability coverage?	☐ Yes ☐ No
17.	Is the applicant's product(s) designed, manufactured, tested and labeled to meet or exceed all applicable industry and government standards and regulations?	☐ Yes ☐ No
18.	Does the applicant offer any product warranties and/or guarantees?	☐ Yes ☐ No
18a.	If "Yes", give complete details on each product warranty and guaranty given and for how long such is valid:	
19.	Are all instructions, operating materials, advertisements, warranties and guarantees periodically reviewed by legal council to avoid misunderstanding relative to product safety, intended use, product performance, quality, fitness, or durability?	☐ Yes ☐ No

CURRENT CARRIER INFORMATION

Carrier	Limits	Deductible / SIR	Rate	Premium
	$	$		$

Coverage Form: ☐ Occurrence ☐ Claims Made	If Claims Made, the Retro Date is:
Is the current carrier offering renewal?	☐ Yes ☐ No

PRIOR CARRIER INFORMATION

Year	Carrier	Policy Number	Limits	Premium
			$	$
			$	$
			$	$

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LOSS / CLAIMS HISTORY INFORMATION		
1.	Have there been any losses, claims, legal actions, or suits brought against the applicant in the past five (5) years?	☐ No ☐ Yes
1a.	If "Yes", advise to the following:	
	Claim Details (date; cause; open or closed; etc.)	Amount Paid / Amount In Reserve
	1. _____	$ _____
	2. _____	$ _____
	3. _____	$ _____
	4. _____	$ _____
	5.	$
2.	Does the applicant have knowledge of any pre-existing act, omission, event, condition, circumstance, accusation or damages that may potentially give rise to any future claims or legal action?	☐ No ☐ Yes
2a.	If "Yes", give complete details on each:	
3.	Is the applicant aware of any incident, condition, circumstance, defect, and/or suspected defect in any product or work, which may result in a claim or legal action?	☐ No ☐ Yes
3a.	If "Yes", give complete details on each:	
4.	Is the applicant aware of any complaint of notice filed in the last three (3) years with any governmental agency or industry regulatory body including but not limited to the U.S. Consumer Product Safety Commission concerning the applicant's product?	☐ No ☐ Yes
4a.	If "Yes", give complete details on each:	
5.	Has any insurer ever cancelled, restricted or refused to renew the applicant's Commercial General Liability and/or Products Liability insurance?	☐ No ☐ Yes
5a.	If "Yes", give complete details on each:	

Applicant's (Insured's) Signature	Printed Name	Title	Date

Agent's Signature	Printed Name	Title	Date