

# International Application Product Liability Supplement

## Applicant Information

## Wholesale Broker Information

Named Insured: \_\_\_\_\_

Brokerage Name: **Cover Agency, Ltd**  
**170-14 Union Turnpike**  
**Fresh Meadows, NY 11366**

## Product Information

Provide Information Below for Products and/or Component Parts to be Insured Under This Policy, Including Those Provided by a Foreign Supplier.  
 Check here  to indicate you are providing brochures where available as separate attachment.

| Product or Component Part Name | Label Under Which Sold | Country(s) in Which Sold | Foreign Supplier if applicable | Has been Subject to Recall                               | Designed to Insured Specifications                       | Additional Information Attached                          |
|--------------------------------|------------------------|--------------------------|--------------------------------|--|--|--|
|                                |                        |                          |                                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                                |                        |                          |                                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                                |                        |                          |                                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                                |                        |                          |                                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                                |                        |                          |                                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                                |                        |                          |                                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                                |                        |                          |                                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                                |                        |                          |                                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

For Each Product Listed Above That Has Been Subject to Recall, Provide Additional Details: \_\_\_\_\_  
 or check here  to indicate you are providing as separate attachment.

For Each Product Listed Above That Is Designed to Insured's Specifications, Provide Additional Details: \_\_\_\_\_  
 or check here  to indicate you are providing as separate attachment.

**Are Any Products to be Insured Under This Policy Used in the Following Industries?** *check all that apply.*

- Aircraft / Aerospace                       Watercraft / Offshore                       Motor vehicles  
 Cosmetics                                       Medical or Pharmaceutical

For Industries Checked, Describe Product Use In Detail: \_\_\_\_\_  
 or check here  to indicate you are providing as separate attachment.

**Are Any Products to be Insured Under This Policy Tested and Certified for use by Insured or Others?** Yes  No

If Yes, Describe in Detail: \_\_\_\_\_  
 or check here  to indicate you are providing as separate attachment.

**Are Any Products to be insured Under This Policy Subject to Review and Approval by Insured to Meet Industry Standards?** Yes  No

If Yes, Describe in Detail: \_\_\_\_\_  
 or check here  to indicate you are providing as separate attachment

- If Yes, Has ISO 9000 Certification Been Completed? Yes  No

**Does Insured Maintain and Service Any of the Products that are to be Insured Under This Policy?** Yes  No

If Yes, Describe in Detail: \_\_\_\_\_  
 or check here  to indicate you are providing as separate attachment

Does Insured Have a Product Recall Plan? Yes  No

If Yes, Describe in Detail: \_\_\_\_\_ or check here  to indicate you are providing as separate attachment

**Foreign Supplier – Provided Products**

Complete the Following Information for Products Provided by Foreign Suppliers to Insured that are to be Insured Under This Policy.  
*Products or component parts that Insured sells or incorporates into product(s)*

|   | Product Information                                      | Product Information                                      | Product Information                                      | Product Information                                      |
|---|--|--|--|--|
| Product Name:   |  |  |  |  |
| Type:   |  |  |  |  |
| Description:  |  |  |  |  |
| Countries Where Manufactured:   |  |  |  |  |
| Annual Sales to Insured:  |  |  |  |  |
| Foreign Supplier Manufactures/<br>Assembles/Packages Product<br>Under Insured's Name or Label?  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Insured Supervises<br>Manufacturing Process or<br>Provides Instructions to Foreign<br>Supplier? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Additional Information Attached?  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

How Often Does Insured Evaluate Foreign Supplier(s) \_\_\_\_\_  
for Quality and Compliance to Specifications? \_\_\_\_\_

How Often Does Insured Test Products to be Insured Under \_\_\_\_\_  
This Coverage for Quality and Compliance to Specifications? \_\_\_\_\_

For Products That are to be Insured Under This Policy, Does Foreign Supplier(s) Have Written \_\_\_\_\_  
Plan in Place for Withdrawal of Products From Market If There is a Known Defect? Yes  No

The undersigned authorized officer of the corporation declares to the best of his/her knowledge the statements set forth herein are true.  
Signing of the application does not bind the undersigned or us, but it is agreed that the information supplied in this form shall be the basis of  
the contract should a policy be issued.

Signature of  
Insured's  
Representative: \_\_\_\_\_

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

Signature of  
Producer: \_\_\_\_\_

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