

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/ Assembles/Packages Product 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 Manufacturing Process or Provides Instructions to Foreign 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: _____