



Thank you for your trust in PPIB to support you with your Insurance needs. We're thrilled to do business with you and help protect what matters most to you. To get started, please follow these steps:

### **How to Submit Application**

1. Complete Application -- Fill out the required information on the next few pages.
2. Save Application -- Once completed, save a copy to your computer so you can email it.
3. Sign Application -- Ensure it is signed by the business owner, either electronically or printed and signed.
4. Submit Application -- Send signed application to **submissions@ppibcorp.com**.

### **What to Expect Next?**

After receiving your application, we will send you a confirmation email acknowledging receipt.

Within 3-5 business days, one of our insurance experts will reach out to you with any follow-up questions or a quote, depending on the status of your submission.

If you need the quote expedited, please indicate this when you submit your application via email.

If you need further assistance with the application, or have additional questions, please feel free to contact us at:

PHONE:  
415.475.4300  
877.655.0123

Submissions: [submissions@ppibcorp.com](mailto:submissions@ppibcorp.com)

FAX:  
415.475.4303

## **Let's Get Started**

Fill Out Application on Next Page





PROFESSIONAL PROGRAM  
INSURANCE BROKERAGE

## PRODUCTS LIABILITY APPLICATION

### BROKER SECTION:

Agency: \_\_\_\_\_ Phone \_\_\_\_\_

Broker/Agent: \_\_\_\_\_ Email: \_\_\_\_\_

### BACKGROUND INFORMATION – PLEASE READ:

1. Please type or print clearly.
2. Answer ALL questions completely leaving no blanks. If any questions, or part thereof, do not apply, print N/A in the space.
3. If additional space is needed to answer any questions fully, please attach a separate page.
4. This application must be completed, dated and signed by a Principal of the Applicant.

### A. APPLICANT INFORMATION

1. Name of Applicant (s) (and list all subsidiary Companies) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Location(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you need general liability for any location in (3.)?  Yes  No

If yes, provide square footage: \_\_\_\_\_

5. Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

6. Email: \_\_\_\_\_ Contact Name: \_\_\_\_\_

7. Applicant is:  Individual  Partnership  Corporation  Joint Venture LLC  
 Other: \_\_\_\_\_

8. Applicant's Operations:  Manufacturer  Distributor  Importer  Exporter  
 Private Label Products  Manufacturer's Rep  Other: \_\_\_\_\_

9. Date of Incorporation/Start of Operations: \_\_\_\_\_

10. ADDITIONAL INSURED: (Landlord or Lessor) If necessary, add other names on separate paper.

NAME: \_\_\_\_\_

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

Relationship to your business (Landlord, lienholder): \_\_\_\_\_

# PRODUCTS LIABILITY APPLICATION

## B. PRODUCTS AND COMPLETED OPERATIONS

1. List complete description of products manufactured, sold or distributed by the applicant (attach products brochure, printed website information, labels or other printed descriptive materials): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Of what materials or principal components are these composed of? \_\_\_\_\_  
\_\_\_\_\_

2. Do you manufacture\* the complete product? \_\_\_\_\_ If not, what component parts are purchased by you? \_\_\_\_\_

Who are component parts purchased from? \_\_\_\_\_

\*If products not manufactured by applicant, are actual manufacturers located in the US? \_\_\_\_\_

And if so, do they carry domestic products insurance at limits of \$1MM or greater?  Yes  No

Do you require Certificates of Insurance?  Yes  No

Are any foreign products/components involved?  Yes  No

If so, identify the company of manufacture and country of origin: \_\_\_\_\_  
\_\_\_\_\_

3. Is Vendors Coverage wanted?  Yes  No

4. Will any vendor repackage, re-label or modify your product?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

5. List all products manufactured by the applicant but not sold under its label: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Number of units sold annually: \_\_\_\_\_ Average Cost per unit: \_\_\_\_\_

7. TOTAL SALES (next 12 months) \$ \_\_\_\_\_ Prior Years 1<sup>st</sup> \$ \_\_\_\_\_ 2<sup>nd</sup> \$ \_\_\_\_\_

3<sup>rd</sup> \$ \_\_\_\_\_ 4<sup>th</sup> \$ \_\_\_\_\_ 5<sup>th</sup> \$ \_\_\_\_\_

8. List your top Five (5) Customers:

1) \_\_\_\_\_ 4) \_\_\_\_\_

2) \_\_\_\_\_ 5) \_\_\_\_\_

3) \_\_\_\_\_

9. Any foreign sales?  Yes  No

If yes, what percentage of sales? \_\_\_\_\_%

List Countries sold to: \_\_\_\_\_

## PRODUCTS LIABILITY APPLICATION

10. Does the applicant install/ apply/ erect the product? Yes No  
Do you supervise the assembly of the product? Yes No  
Where is the product assembled? \_\_\_\_\_
11. Any products assembled by the end user? Yes No
12. List any product that has been discontinued or recalled in the past 5 years and why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Is there a written products recall plan? Yes No
14. Any new products introduced in the past 5 years? Yes No  
If yes, list product(s) and when introduced: \_\_\_\_\_  
\_\_\_\_\_
15. Are any new products proposed for introduction in the next 12 months? Yes No  
If yes, list product(s) \_\_\_\_\_  
\_\_\_\_\_
16. Can products be identified from those of competitors? Yes No  
If yes, how? \_\_\_\_\_  
\_\_\_\_\_
17. Are any products sold as components for other products? Yes No  
If yes, indicate uses: \_\_\_\_\_  
\_\_\_\_\_
18. Could any of your products or services be used on or in connection with:  
pharmaceuticals / cosmetics / vitamins / herbs? Yes No  
aircraft / missile / aerospace? Yes No  
watercraft or offshore? Yes No  
transportation / pollution / waste treatment? Yes No
19. Any hold harmless agreements, warranties, guarantees given to any supplier,  
distributor, or purchaser? Yes No  
Please explain: \_\_\_\_\_

# PRODUCTS LIABILITY APPLICATION

## C. QUALITY CONTROL / LOSS CONTROL

1. Are your products tested and labeled to meet government and/or industry standards Yes No  
If yes, list standards: \_\_\_\_\_  
Any products UL approved? Yes No  
Any products FDA approved? Yes No  
Any products not approved by UL, FDA, and/or anyone else? Yes No  
If yes, by who? \_\_\_\_\_
2. List your memberships in any industry product – standard organizations (ex. ISO9000):  
\_\_\_\_\_
3. Is a written loss control program in effect? Yes No  
Any written quality control procedure? Yes No

## D. WARNINGS

1. Are hazards inherent in the final product, and warnings against foreseeable misuse and abuse, made known to the ultimate user by:  
-warnings labels at the point of hazards? Yes No  
written instructions? Yes No  
other means? (If yes, attach details) Yes No

## E. EXPIRING CARRIER INFORMATION

Carrier: \_\_\_\_\_ Limits: \$ \_\_\_\_\_  
Premium: \$ \_\_\_\_\_ Rate: \$ \_\_\_\_\_  
Term: \_\_\_\_\_ Deductible/SIR: \$ \_\_\_\_\_

Coverage Form:                      Occurrence                      Claims Made                      Retro Date: \_\_\_\_\_

Has any carrier cancelled or refused to renew products liability? Yes No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

## F. CLAIMS HISTORY

1. Any claims in the past 5 years? Yes No  
(If yes, attach currently-valued (within past 90 days) loss runs including details)
2. Are you aware of any incident(s) that may result in a claim not reflected in question E.1? Yes No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

