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Company _____

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PRODUCTS LIABILITY SUPPLEMENTAL APPLICATION

ORDER
 QUOTE ONLY

Applicant _____

Location _____

1. Applicant is manufacturer distributor retailer _____
2. No. of years in this business: _____ years. Describe other related business experience:

3. Describe all products currently in the product line: (NOTE: Attach labels, warranties, pamphlets, brochures, advertising material and annual reports which describe products) _____

4. Markets to which product lines are directed: industrial household recreational
Describe the use of the products by the customer _____

5. Give percentage of product distribution in the U.S. _____
6. Any foreign distribution? Yes No If yes, explain: _____

7. Are any imported products sold? Yes No If yes, explain: _____

8. Are any products associated with railroads, watercraft or aircraft? Yes No If yes, explain:

9. Are any products explosive, flammable, toxic or poisonous? Yes No If yes, explain: _____

10. Do any products require assembly, installation or servicing? Yes No If yes, who does the installation, servicing and assembly? _____

11. Give total gross sales on replacement parts _____
12. Does the applicant alter, repackage or relabel products manufactured by others? Yes No
If yes, explain: _____

13. If applicant is a manufacturer, are any of the component parts of the products manufactured by others?
 Yes No
 - a. Describe the parts and indicate the manufacturer:

 - b. Describe any certificates of insurance or hold harmless agreements obtained from the manufacturer(s):

14. Indicate annual sales for each product line:

Product	Annual Sales			
	Est. for Current Year	First Year Prior	Second Year Prior	Third Year Prior
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTALS:	_____	_____	_____	_____

15. State annual payroll _____

16. Must products meet any mandatory or voluntary standards? Yes No If yes, describe standards and all approving agencies such as U.L., etc.: _____

17. Have any products required recall or correction once released to customers? Yes No If yes, explain: _____

18. Has any product ever been subject to inquiry or investigation by a government agency? Yes No If yes, explain: _____

19. Are any new products planned for the immediate future? Yes No If yes, describe: _____

20. Have any products been discontinued? Yes No If yes, list product, date and reason discontinued: _____

21. Explain disposal of products which do not meet quality standards _____

22. Describe quality control procedures _____

23. Have there ever been customer complaints about any product? Yes No If yes, explain: _____

24. List previous carriers and premiums for the last five years _____

25. List all products claims or suits brought against the applicant (indicate whether paid or reserved):

Date	Description	Amount
_____	_____	_____

26. State limit of liability desired: _____

Signed: _____ Date: _____
Name and Title

Broker: _____	Code: _____	Inspection Contact: _____
Phone No.: _____	Date: _____	Phone No.: _____
SIGNATURE: X _____		_____
Broker, Applicant		Date
IMPORTANT: ONLY BUSCHBACH INSURANCE AND/OR THE INSURERS IT REPRESENTS HAVE THE AUTHORITY TO BIND COVERAGE. IF IMMEDIATE COVERAGE IS REQUIRED PLEASE CONTACT OUR COMMERCIAL DEPARTMENT BY PHONE.		