



# COLONY SPECIALTY

Member Argo Group

## Colony Product Liability Supplemental Application

(To be submitted with Acord General Liability Application)

Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Website: \_\_\_\_\_

1. Please provide the following information for all products that you manufacture:

Product Manufactured	Application or Use	Annual Gross Sales	Number of Units

2. Does your company: [Check all that apply]

- Design its' own products
- Design for others
- Manufacture to customer specifications
- Consult customers on product design
- Require sign off on design work for others

3. Do you manufacture the complete product? \_\_\_\_\_ a) If not, what components are purchased? \_\_\_\_\_  
 \_\_\_\_\_ Is any product or component imported? \_\_\_\_\_

4. Do you do any installation, service, or repair work? \_\_\_\_\_ If yes, explain \_\_\_\_\_  
 \_\_\_\_\_

5. Do others manufacture, assemble, package or install products under your name or label? \_\_\_\_\_  
 If yes, explain \_\_\_\_\_

6. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards?  N/A  Yes  No

7. For numbers 3a. and 5. above, is there a contractual agreement or certificate of insurance in place to properly protect you from liability? \_\_\_\_\_ Explain \_\_\_\_\_  
 \_\_\_\_\_ Has legal counsel reviewed for acceptability? \_\_\_\_\_

8. Does legal counsel periodically review all instructions, operating manuals, advertisements and warranties to avoid misunderstandings relative to installation, product safety, or intended use? \_\_\_\_\_

9. Are any of your products used by the aviation/aerospace industry? \_\_\_\_\_

10. Who are your top five customers? [Include name & state] a) \_\_\_\_\_ b) \_\_\_\_\_  
c) \_\_\_\_\_ d) \_\_\_\_\_ e) \_\_\_\_\_

11. What are your annual gross sales for each of the past five years? 1st) \_\_\_\_\_ 2nd) \_\_\_\_\_  
3rd) \_\_\_\_\_ 4th) \_\_\_\_\_ 5th) \_\_\_\_\_

12. List the final user of the product(s). \_\_\_\_\_

13. Has any product been self-insured, uninsured, or excluded from any previous coverage? \_\_\_\_\_  
If yes, explain \_\_\_\_\_

14. Are written quality control records and testing procedures followed? Yes  No

a. How long are quality control records and testing procedures followed? \_\_\_\_\_

b. Are you required to file and test results with any regulatory body? Yes  No

c. Are records kept of when each product was manufactured? Yes  No

d. Do you keep records of the date each product was sold and to whom? Yes  No

e. Are raw materials or component parts which go into your products recorded? Yes  No

f. Are changes in designs, advertisements and sale brochures recorded? Yes  No

g. Are any quality control checks being performed on your products by your end customers? Yes  No

h. Can you distinguish your product from those of competitors? If yes, how: \_\_\_\_\_

15. Do you have a products recall plan? \_\_\_\_\_ Have you ever recalled a product for any reason? \_\_\_\_\_  
If so, explain \_\_\_\_\_

*The Applicant hereby covenants and agrees that the foregoing statements and answers are just, full and true exposition of all facts and circumstances with regard to the risk to be insured, insofar same are known to the Applicant, and the same are hereby made the basis and a condition of the insurance, and a warranty on the part of the insured.*

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Signature \_\_\_\_\_ Date: \_\_\_\_\_