

Agency Name:  
Address:  
Contact Name:  
Phone:  
Fax:  
Email:

## Cosmetic Manufacturing – Product Liability Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_  
\_\_\_\_\_  
Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_  
\_\_\_\_\_  
Web Address \_\_\_\_\_  
\_\_\_\_\_  
Inspection Contact \_\_\_\_\_  
Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_  
Applicant is ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other \_\_\_\_\_  
\_\_\_\_\_  
Location #1 \_\_\_\_\_  
Location #2 \_\_\_\_\_  
Location #3 \_\_\_\_\_

### UNDERWRITING INFORMATION

- Business of Applicant is: ☐ Manufacturer \_\_\_% ☐ Distributor \_\_\_% ☐ Direct Importer \_\_\_% ☐ Broker \_\_\_%  
☐ Other \_\_\_% Describe: \_\_\_\_\_
- Description of operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Years in business: \_\_\_\_\_
- Description of all acquisitions completed in the last five years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Description of all discontinued products and historical sales for each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Total Annual Gross Sales	YEARS	SALES		
		UNITED STATES	FOREIGN*	TOTAL
UPCOMING YEAR (ESTIMATE)	to			
CURRENT YEAR	to			
FIRST PRIOR YEAR	to			
SECOND PRIOR YEAR	to			
THIRD PRIOR YEAR	to			
FOURTH PRIOR YEAR	to			
*If any foreign sales, list countries where your product is sold: _____				

## UNDERWRITING INFORMATION (Continued)

7. If you distribute products manufactured by others:
- a. Do you directly import any products? ..... ☐ Yes ☐ No  
If yes, describe products and provide corresponding sales and countries of origin.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Do you obtain Certificates of Product Liability Insurance from each of your manufacturers/suppliers? ... ☐ Yes ☐ No  
If yes, what are the minimum limits of insurance required? \_\_\_\_\_
- c. Are you included as an Additional Insured-Vendor under each manufacturer's / supplier's Product Liability Insurance? ..... ☐ Yes ☐ No
8. If you contract the manufacturing of your product to others, do you have a formal written agreement with your sub-manufacturers? ..... ☐ Yes ☐ No  
If yes, **attach** those sections of the agreement(s) pertaining to Product Liability and Product Liability insurance.
9. Do you obtain Certificates of Insurance from all suppliers evidencing Product Liability insurance? ..... ☐ Yes ☐ No  
If yes, minimum limits of insurance required? \_\_\_\_\_
10. Do you maintain formal written quality control and testing procedures? ..... ☐ Yes ☐ No
11. How long are quality control and testing records kept? \_\_\_\_\_
12. Can you identify your product from those of competitors? ..... ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_
13. Do you maintain records of the following:
- a) When and where your product was manufactured? ..... ☐ Yes ☐ No
- b) To whom your product was sold and the date of sale? ..... ☐ Yes ☐ No
- c) Changes in design or formulation? ..... ☐ Yes ☐ No
- d) Changes in advertising material? ..... ☐ Yes ☐ No  
If yes, how long do you maintain the records? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Who provides the following for your products:
- a) Formula? \_\_\_\_\_
- b) Ingredients? \_\_\_\_\_
- c) Containers or Packaging? \_\_\_\_\_
- d) Labels? \_\_\_\_\_
15. Are all ingredients listed on product labels? (Provide copy of labels)..... ☐ Yes ☐ No
16. Are susceptible products tested for microbial contamination?..... ☐ Yes ☐ No  
If yes: By whom? \_\_\_\_\_  
How often? \_\_\_\_\_  
Describe testing: \_\_\_\_\_
17. Are samples of finished products retained?..... ☐ Yes ☐ No  
If yes, for how long? \_\_\_\_\_
18. Do you manufacture any products that are to be ingested?..... ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_
19. Are any of your products designed for professional use only? ..... ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_

**Underwriting Information (CONTINUED)**

20. Are any products manufactured in your home? ..... ☐ Yes ☐ No  
If yes, provide manufacturing details: \_\_\_\_\_

Are products prepared in a sterile environment? ..... ☐ Yes ☐ No  
Explain: \_\_\_\_\_

21. Do you offer training or instruction on the use of your products? ..... ☐ Yes ☐ No  
If yes, do you certify the trainees? ..... ☐ Yes ☐ No

22. Do you have a formal written products recall procedure? ..... ☐ Yes ☐ No  
If yes, **attach** a copy.

23. Have you voluntarily or involuntarily recalled, or are you considering recalling, any known or suspected defective products from the market? ..... ☐ Yes ☐ No  
If yes, describe. \_\_\_\_\_

24. Are you aware of any incident, condition, circumstance, defect or suspected defect in any product or work, which may result in a claim or claims against you that are not listed above? ..... ☐ Yes ☐ No  
If yes, **attach** an explanation.

25. Are you aware of any complaint or notice filed in the last three years with any governmental agency or industry regulatory body including but not limited to the Food & Drug Administration concerning your product? ..... ☐ Yes ☐ No  
If yes, **attach** an explanation.

26. Desired Limits. \_\_\_\_\_ Deductible/SIR. \_\_\_\_\_

**27. Current Carrier Information**

CARRIER	LIMITS	DEDUCTIBLE/SIR	RATE	PREMIUM

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

Is current carrier offering renewal? ..... ☐ Yes ☐ No

**PRIOR CARRIER HISTORY & LOSS INFORMATION****PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Underwriting Information (CONTINUED)****LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
_____	_____	_____ _____	_____	_____
_____	_____	_____ _____	_____	_____
_____	_____	_____ _____	_____	_____
_____	_____	_____ _____	_____	_____
_____	_____	_____ _____	_____	_____

Has the applicant been cancelled or non-renewed in the last three years? ..... ☐ Yes ☐ No  
 If yes, Explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT – FOR THE STATE(S) OF:****Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:**

**NOTICE:** Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*), fines and confinement in prison (For Alabama add: *or any combination thereof*).

**Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**California**

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines,

denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Delaware, Idaho:**

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**District of Columbia**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida**

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Kansas**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Kentucky**

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Virginia, Washington:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Massachusetts, Nebraska, Vermont:**

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

**New Jersey**

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

### **New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

### **Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **Oklahoma**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### **Oregon**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

### **Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date