# PRODUCT LIABILITY

01 / APPLICANT AND EXPOSURE PROFILE



Complete all applicable fields. Use Unknown or N/A as needed. Attach extra pages for multiple locations or schedules.

## 1. Applicant and contact

Legal applicant / business name

DBA / entity type

Primary contact / title

Phone / email

Mailing address / City / State / ZIP

Website / year established

Requested effective date

Annual gross revenue

Employee count / annual payroll

Describe the business, operations, customers, locations, and states / countries involved:

## 2. Initial exposure questions

Any products manufactured, imported, relabeled, or private-labeled? Select

Any products used in food, medical, aviation, auto, or safety applications? Select

Any recalled product, injury allegation, regulatory notice, or complaint? Select

Any sales or distribution outside the United States? Select

Explain Yes / Unknown answers and any unusual exposures:

Provide current values and limits where available. These questions are an intake guide, not a carrier application.

## 3. Details for Product Liability

Product names / uses / end users

Manufacturer / distributor / importer role

Annual sales by product / territory

US / foreign sales percentages

Years selling each product

Largest customer / sales percentage

Manufacturing countries / suppliers

Contract manufacturers / subcontractors

Requested liability limits / deductible

Current carrier / retroactive date

Recall expense coverage to discuss

Vendor / additional insured requirements

## 4. Controls and supporting detail

Written quality-control and batch / lot traceability procedures? Select

Testing, certification, labeling, and warnings reviewed regularly? Select

Supplier insurance and written indemnity requirements? Select

Written complaint handling and product-recall plan? Select

Contracts and labels reviewed by qualified counsel or specialists? Select

Any new, discontinued, or materially changed products? Select

Attach product list, brochures, labels, sales breakdown, suppliers, safety testing, and complaint details.

Availability, eligibility, and terms depend on underwriting. Additional carrier applications may be required.

## 5. Current and prior insurance

Current carrier (or None)

Policy number

Effective / expiration dates

Current limit / deductible / retention

Current annual premium (if applicable)

Requested changes / target limit

## 6. Claims, losses, or circumstances

Any relevant claim, loss, or demand in the past 5 years? Select

Any open dispute, investigation, known incident, or threatened claim? Select

Any cancellation, nonrenewal, declined application, or coverage lapse? Select

For each Yes: date, event, amount paid / reserved, current status, and corrective action. Attach details if needed.

## 7. Supporting documents

- [ ] Product / sales schedule
- [ ] Labels / instructions / brochures
- [ ] Testing / certifications
- [ ] Supplier / customer contracts
- [ ] Five-year loss runs
- [ ] Recall / complaint details

Send completed forms and documents to info@mad-insurance.com. Do not include passwords, payment details, or SSNs.

I confirm the information is true and complete to the best of my knowledge. This questionnaire does not bind or change coverage. Carrier forms, underwriting, and approval may be required.

Applicant typed name / title

Date