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## PRODUCTS/DISTRIBUTORS SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

### GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:		Agency/Agent:	
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:		
Effective Date:			
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:	

*Please attach copies of the following:*

- a) *Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000*
- b) *Applicant's product brochure, catalog, or marketing materials if a website is not available*

3)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4)

Premise Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5)

Please complete the below table regarding your sales:

Upcoming Year (est.):	Last 12 Months:	One Year Prior:	Two Years Prior:	Three Years Prior:

6)

Audit/Inspection contact: \_\_\_\_\_

a. Phone number: \_\_\_\_\_

b. Email: \_\_\_\_\_

7) Are any of your products used in the following industries?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Pharmaceutical/Nutraceutical   | <input type="checkbox"/> Medical Devices                  | <input type="checkbox"/> Tobacco/Smoking Pipes         |
| <input type="checkbox"/> Marijuana Cannabis             | <input type="checkbox"/> CBD/Hemp Cannabis                | <input type="checkbox"/> Electronic Cigarettes         |
| <input type="checkbox"/> Aviation/Aerospace (inc'l UAS) | <input type="checkbox"/> Firearms, Ammunition, Ballistics | <input type="checkbox"/> Amusement Devices/Inflatables |
| <input type="checkbox"/> Machine Shops                  | <input type="checkbox"/> Equipment Rental                 | <input type="checkbox"/> Energy Sector/Offshore        |

*If any of the above are indicated, please complete the specialty Kinsale Supplemental Application for the indicated class instead of this application*

8) If any subsidiary, product or product group is to be specifically excluded from coverage, please indicate: \_\_\_\_\_

a. Are these products covered elsewhere? Yes  No

9) Are any new products to be introduced during the next year? Yes  No

a. If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

10) Can your products be identified from those of your competitors? Yes  No

a. If Yes, how? \_\_\_\_\_

11) Do you import any products or components? Yes  No

12) Does any manufacturer grant you AI Vendor status for products that you distribute? Yes  No

a. If Yes, is the manufacturer's policy from a domestic/ US based carrier? Yes  No

13) Do you have any installation, service, or repair operations that occur off of your premise(s)? Yes  No

a. If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

b. Do you hire subcontractors to perform any work on your behalf? Yes  No

c. Do you collect certificates of insurance from all subcontractors prior to the beginning of work? Yes  No

d. Do you have any work performed in condominiums, apartment to condo conversions, townhouses, or tract housing? Yes  No

14) Do you have any discontinued products? Yes  No

If Yes, please explain the reasons for discontinuing. \_\_\_\_\_  
\_\_\_\_\_

15) Do you rent any equipment? Yes  No

a. If yes, are all rentals without operator? Yes  No

b. Do you have a rental agreement with hold harmless wording in your favor? Yes  No

16) Are batch or product records, serial numbers or copies of guarantee/warranty cards maintained that would facilitate tracing whereabouts of products? If Yes, confirm how long these records are maintained: Yes  No

\_\_\_\_\_

17) In the event that it becomes necessary to recall a product, do you have a recall plan in place? Yes  No

a. Do you have Product Recall insurance? Yes  No

b. What means would be used to secure the return and disposal of the product? \_\_\_\_\_  
\_\_\_\_\_

18) Have you ever had a product recall event? Yes  No

a. If yes, supply the following details: Date of recall(s): \_\_\_\_\_

- b. Voluntary?  Ordered?  By what agency? \_\_\_\_\_
- c. Product(s) involved: \_\_\_\_\_
- d. Reason for recall and how discovered: \_\_\_\_\_
- e. What was the remedy for the problem? \_\_\_\_\_
- f. What percentage of recalled goods were returned/repaired? \_\_\_\_\_

- 19) Are there any present situations that might give rise to an incident causing a product recall? Yes  No   
If yes, please provide details: \_\_\_\_\_
- 20) Have you been cited by any regulatory agency for violations arising out of business activity involving your product? If Yes, please provide details: \_\_\_\_\_
- 21) Have you had any Product Liability claims that were or were not covered by insurance? If yes, please attach an explanation. Yes  No
- 22) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company? If yes, please attach an explanation. Yes  No
- 23) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to allegations of faulty or defective products, product failure, product dispute bodily injury or property damage) arising out of or related to your products that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? Yes  No

#### FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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 denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** 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.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she 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.

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

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

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

Agent/Broker Name: \_\_\_\_\_