**DISTRIBUTORS AND WHOLESALERS PROGRAM GENERAL LIABILITY
SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD General Liability Application)

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| Applicant’s Name:             Location Address:              | Agency Name:             Agent No.:       Phone No.:        |

**PROPOSED EFFECTIVE DATE: From**       **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

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| **1. Provide detailed description of the products the applicant distributes:**       |

**2. Does the product manufacturer(s) have a website?** [ ]  Yes [ ]  No

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| If yes, provide website address(es):       |

**3. Does applicant verify manufacturer(s) have products liability coverage?** [ ]  Yes [ ]  No

**4. Is applicant named as an additional insured by the manufacturer(s)?** [ ]  Yes [ ]  No

**5. Who are the applicant’s primary customers?**

**6. What percent of sales is retail?**      %

**7. What percent of sales are via the internet?** **Retail**      %

**Wholesale**      %

**8. Does applicant import directly from foreign countries?** [ ]  Yes [ ]  No

**9. Does applicant manufacture or assemble any products?** [ ]  Yes [ ]  No

**10. Is applicant a manufacturer’s representative for any products sold or distributed?** [ ]  Yes [ ]  No

**11. Does applicant do any relabeling, repackaging, mixing or blending of products?** [ ]  Yes [ ]  No

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| If yes, explain:       |

**12. Does applicant perform or subcontract any installation, servicing or repair of any products?** [ ]  Yes [ ]  No

**13. Are any products sold under applicant’s label?** [ ]  Yes [ ]  No

**14. Does applicant sell any used items?** [ ]  Yes [ ]  No

If yes, what percent of sales does this represent?      %

Any refurbishing or repair done prior to resale? [ ]  Yes [ ]  No

**15. Are any products sold intended for use in the airline or oil/gas industry?** [ ]  Yes [ ]  No

**16. Any distribution of oysters, clams, or mussels harvested from the Gulf of Mexico?** [ ]  Yes [ ]  No

**17. Does applicant hold a patent for any product?** [ ]  Yes [ ]  No

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| If yes, explain:       |

**18. Has applicant designed any products or had products designed by others?** [ ]  Yes [ ]  No

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| If yes, explain:       |

**19. Indicate which of the following products applicant distributes or sells:**

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| [ ]  Aircraft or related products | [ ]  Fuel |
| [ ]  Ammunition/Black powder | [ ]  Fur apparel |
| [ ]  Anhydrous ammonia | [ ]  Industrial values and fittings |
| [ ]  Antiques  | [ ]  Jewelry or gemstones |
| [ ]  Art  | [ ]  Kava drinks or candy |
| [ ]  Blood or plasma | [ ]  Liquor sales via internet |
| [ ]  Boats  | [ ]  Medical equipment |
| [ ]  Cell phones or pagers | [ ]  Museum artifacts |
| [ ]  Chemicals | [ ]  Natural, artificial or liquid petroleum or gas |
| [ ]  Collectible/Memorabilia sales | [ ]  Oriental rugs |
| [ ]  Computer equipment  | [ ]  Pharmaceutical |
| [ ]  Contractors equipment | [ ]  Photography equipment |
| [ ]  Electronic/Vapor cigarettes | [ ]  Recording equipment |
| [ ]  Electronic equipment/Components | [ ]  Sporting goods or Athletic equipment |
| [ ]  Electronic media (i.e., CDs, DVDs, etc.) | [ ]  Stereo equipment |
| [ ]  Explosives | [ ]  Telecommunication equipment |
| [ ]  Feed, grain or seeds | [ ]  Televisions |
| [ ]  Fertilizer | [ ]  Tires |
| [ ]  Firearms | [ ]  Tobacco |
| [ ]  Fireworks | [ ]  Vitamins or health supplements |
| [ ]  Foreign products |  |

**20. Does risk engage in the generation of power, other than emergency backup power, for their own use or sale to power companies?** [ ]  Yes [ ]  No

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| If yes, describe:       |

**21. Does applicant have other business ventures for which coverage is not requested?** [ ]  Yes [ ]  No

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| If yes, explain and advise where insured:       |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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 include imprisonment, fines, and denial of insurance benefits.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an active owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE:

AGENT NAME:       AGENT LICENSE NUMBER:

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT:

(Applicable in Iowa Only)

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|  | **IMPORTANT NOTICE** |  |
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| 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. |