



Veracity Insurance Solutions, LLC
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APPLICATION FOR SPECIFIED PRODUCTS AND COMPLETED OPERATIONS LIABILITY INSURANCE

If space is insufficient to answer any question fully, attach a separate sheet.

I. GENERAL INFORMATION

1. (a) Company Name: _____
 (b) Principal business premises address: _____
 Mailing Address (Street, City, State, Zip): _____
 (c) List the names of all predecessor organizations of the Applicant: _____
 (d) Contact name: _____ (e) Phone Number: _____
 (f) Website address: _____ (g) Date established (MM/DD/YYYY): _____
 (h) Email: _____
 (i) Applicant is a:
 corporation partnership sole proprietorship limited liability company (LLC) other _____
2. Is the Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization? Yes No
 (a) If Yes, provide details. _____

II. SPECIFIED PRODUCTS AND COMPLETED OPERATIONS

1. Provide the following information for those products and/or services the Applicant wants coverage for. Only those products and services listed below will be considered for coverage.

Products and Services (or specific categories)	Applicant Acts as a(n)					No. of Years	% of Gross Receipts	Does Applicant		Products sold to:			
	M	W	R	I	MR			Install?	Repair or Service?	W	R	C	O
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M: manufacturer **W:** wholesaler **R:** retailer **I:** importer **MR:** manufacturer's rep. **C:** consumer direct **O:** other (describe)

2. Total gross receipts from all products and services listed in Part II, Question 1. hereinabove:
 (a) Estimated annual gross receipts for the coming year: _____
 (b) Annual gross receipts: (i) last twelve months: Year _____ (ii) 1st prior year: Year: _____ \$ _____
3. Is the Applicant presently considering any change in the mix of products including adding new products or services for the coming year? Yes No
 (a) If Yes, provide details. _____
4. Has the Applicant discontinued or is it considering discontinuing any product or service listed above? Yes No
 (a) If Yes, provide details. (Please see Attached Word Document) _____
5. Are any of the Applicant's products or services used in connection with aircraft/missiles/aerospace? Yes No
 (a) If Yes, provide details. _____
6. Do any of your products contain CBD? Yes No
7. Do any of your products have ingestible CBD exposure? If so, what percentage of sales? _____ Yes No
8. Do you source your CBD from legally grown hemp plants as described in the H. R. 2 Agricultural Improvement Act of 2018? Yes No

III. PROCESSING AND QUALITY CONTROL

1. PROCESSING

- (a) Do any products or ingredients or components thereof, originate from outside of the United States? Yes No
 - (i) If Yes, specify:
 - (1) The country(ies) of origin: _____
 - (2) The name of each organization manufacturer, distributor or supplier: _____
- (b) Do others manufacture, assemble, package or install products under the Applicant's name or label? Yes No
 - (i) If Yes, provide the name(s) and address(es) of contract manufacturer(s): _____
- (c) Does the applicant manufacture, assemble, package or install products for others under their name or label? Yes No
 - (i) If Yes, explain. _____

2. QUALITY CONTROL AND RECORDKEEPING

- (a) Does the Applicant have a quality control and testing procedure? Yes No
 - (i) If Yes, how long does the Applicant keep quality control and testing records? _____
- (b) Can the Applicant identify its product(s) from those of competitors? Yes No
- (c) Do all records show to whom and the date each product was sold? Yes No
- (d) Does the Applicant require certificates of insurance evidencing Products Liability Insurance from suppliers? Yes No
- (e) Who designs the Applicant's products? _____
- (f) Are product designs reviewed, tested and verified by others? Yes No
- (g) Does the Applicant have a specific program to withdraw known or suspected defective products from the market? Yes No
- (h) Has the Applicant ever recalled or is it considering recalling any product? Yes No
 - If Yes, attach an explanation. _____
- (i) Have any of the Applicants' products or ingredients or components thereof, ever been the subject of any investigation, enforcement action, or notice of violation of any kind by any governmental, quasi-governmental, administrative, regulatory or oversight body? Yes No
 - (1) If Yes, provide details. _____

IV. INSURANCE INFORMATION

- 1. (a) Limits of Liability: Indicate the limits of liability requested: \$ _____ / \$ _____
 - (b) Deductible: Indicate the deductible requested: \$ _____
- THE COMPANY DOES NOT GUARANTEE TO OFFER ANY OF THE ABOVE LIMITS AND/OR DEDUCTIBLES.
- 2. Provide the following for present Product Liability Insurance: If None, check here []
- | Insurance Company Date | Limits of Liability | Deductible/ SIR | Premium | Expiration Dates (MM/DD/YYYY) | Retroactive/ Prior Acts |
|------------------------|---------------------|-----------------|---------|-------------------------------|-------------------------|
| | | | | | |
- 3. Has any insurer declined, canceled, or nonrenewed any Product Liability Insurance or any similar insurance on behalf of any person(s) or organization(ies) proposed for this insurance? Yes No
 - (i) If Yes, provide details. _____

V. CLAIM HISTORY

- 1. Has any claim for Product Liability been made against any person(s) or organization(s) proposed for this insurance during the last five (5) years? Yes No
 - If Yes, provide five (5) year loss history for all claims, including any predecessor. Attach a description of any loss greater than \$10,000.

Year	No. of Claims	Total Amounts Paid	Amounts Reserved	Total Incurred	Date of Loss Info.

2. Is (are) any person(s) or organization(ies) proposed for this insurance aware of any fact, incident, circumstance, situation, condition, defect or suspected defect which may result in a Products Liability claim? Yes No
 If Yes, provide details. _____

VI. ADDITIONAL INFORMATION

As part of this Application attach the following: **Brochures; Labels; and Instructions**

NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

No fact, circumstance or situation indicating the probability of a Claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or organization(s) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there is knowledge of any such fact, circumstance or situation, any Claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

For the purpose of this application, the undersigned authorized agent of the person(s) and organization(s) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application and in any attachments, are true and complete. The Company is authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

If the information in this application and any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Veracity Insurance Solutions, LLC, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

The undersigned declares that the person(s) and organization(s) proposed for this insurance understand that:

- (i) the policy for which this application is made applies only to "Claims" first made during the "Policy Period";
- (ii) unless amended by endorsement, the limits of liability contained in the policy shall be reduced, and may be completely exhausted by "Claim Expenses" and, in such event, the Company will not be liable for "Claim Expenses" or the amount of any judgment or settlement to the extent that such costs exceed the limits of liability in the policy; and

WARRANTY

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, partners, directors, officers and employees.

Must be signed by the owner, principal, partner, executive officer or equivalent (within 60 days of the proposed effective date).

Name of Applicant

Title

Signature of Applicant

Date

Notice to Applicants: 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 the person to criminal and civil penalties.

INSURANCE AGENT:

Agency Name: _____

Submitting Agent: _____

Phone number: _____ Email _____



PROPERTY INSURANCE APPLICATION

Complete One Per Location

Insured Information:

Insured Name:					
Mailing Address:					
City:		State:		ZIP:	
County:		Number of Years in Business:		Web:	
E-Mail:		Work:		Cell:	Fax:
Entity: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC					

Physical Location: Same as Mailing Address

Address:		
City:	State:	ZIP:

Underwriting Information: Requested Effective Date: / /

Please describe business operations:			
Construction Type: <input type="checkbox"/> Frame/Brick Veneer <input type="checkbox"/> Masonry <input type="checkbox"/> Metal		Yr. Built:	# Stories:
		Square Footage:	
<i>If building is over 25 yrs. old provide year of updates for:</i>			
Heating:	Electrical:	Roof:	Plumbing:
Distance from Fire Station: Miles		Distance from Fire Hydrant: Feet	
Is the building Sprinklered (Fire Suppression System)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", what percentage: %			
Do you have an alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", what type? <input type="checkbox"/> Local Gong <input type="checkbox"/> Central Station: <input type="checkbox"/> Fire and/or <input type="checkbox"/> Burglar			
If Central Station, what is the name of the alarm company?			
Have there been any bankruptcies, tax or credit liens against the applicant in the past 5 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there other occupants in the building? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe other business occupants:			
Is this Location a fulfillment center?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Property Located within 5 Miles of any coast?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Coverage Information:

Subject of Insurance	Limit of Insurance	Deductible	Policy Form	Co-Insurance	Valuation
Building – If Owned			Special	90%	RC
Business Personal Property			Special	90%	RC
Business Income			Special	90%	RC

* Business Income Coverage may require a Business Income Estimate Worksheet

Lien Holders/Additional Insured's:

Name of Lien Holder/Additional Insured	Address	Relationship

Prior Carrier/Claims:

Current Insurance Carrier:		Number of Yrs. Insured:
Expiring Premium:	Have you had any claims in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "Yes", please provide the following information:		
Date of Claim	Description	Amount of Loss

Do you use a fulfillment center? Yes No If No, skip this section

If yes, what is the maximum number of days any one item is stored there:

0-30 days 31-60 days 61+ days

Fulfillment Center Underwriting Information:

Construction Type: <input type="checkbox"/> Frame/Brick Veneer <input type="checkbox"/> Masonry <input type="checkbox"/> Metal	Yr. Built:	# Stories:	Square Footage:
<i>If building is over 25 yrs. old provide year of updates for:</i>			
Heating:	Electrical:	Roof:	Plumbing:
Distance from Fire Station:	Miles	Distance from Fire Hydrant:	Feet
Is the building Sprinklered (Fire Suppression System)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", what percentage: %			
Do you have an alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", what type? <input type="checkbox"/> Local Gong <input type="checkbox"/> Central Station: <input type="checkbox"/> Fire and/or <input type="checkbox"/> Burglar			
If Central Station, what is the name of the alarm company?			
Are there other occupants in the building? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe other business occupants:			
Is Property Located within 5 Miles of any coast?			<input type="checkbox"/> Yes <input type="checkbox"/> No

WARRANTY: I/We warrant to the Company, that I/ We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, partners, directors, officers and employees.

Signatures:

Insured Signature:	Title:
Printed Name:	Date: