/ SUPPLEMENTAL APPLICATION

Products Liability Supplemental

Standalone and packaged products and completed-operations risk.

> Please complete this supplement in full and return it with a signed ACORD application. Submit to submissions@hedgespecialty.com or through the Hedge broker portal. Answer every question — incomplete applications delay quoting.

GENERAL INFORMATION

NAMED INSURED / APPLICANT

DBA / TRADE NAME

BROKERAGE / BROKER

AGENCY / AGENT

PROPOSED EFFECTIVE DATE

NEW OR RENEWAL?

POLICY / QUOTE NUMBER

FEIN

ENTITY TYPE (LLC, CORP, ETC.)

YEARS IN BUSINESS

YEARS UNDER CURRENT MGMT

EMPLOYEES (FT / PT)

DESCRIPTION OF PRODUCTS

WEBSITE

MAILING & RISK ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

OF LOCATIONS

PRIMARY RISK / PREMISE ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

COUNTY

CONTACTS

PRIMARY CONTACT NAME

TITLE

EMAIL

PHONE

AUDIT / INSPECTION CONTACT

INSPECTION PHONE

INSPECTION EMAIL

CURRENT / EXPIRING CARRIER INFORMATION

CURRENT / EXPIRING CARRIER

POLICY NUMBER

ANNUAL PREMIUM $

LIMIT(S) OF INSURANCE

DEDUCTIBLE / SIR

RETROACTIVE DATE (IF ANY)

Is the current carrier offering renewal? ☐ YES ☐ NO

Is the expiring / current coverage written on a claims-made basis? ☐ YES ☐ NO

PRODUCT LINE SCHEDULE

List each product, good, or specified category the applicant wants covered. Only products listed here will be considered for coverage.
Role: M = Manufacturer, W = Wholesaler, I = Importer, R = Retailer, MR = Manufacturers' Rep, C = Consumer-Direct, O = Other.

Specified Products & Completed Operations

PRODUCT / GOOD (OR CATEGORY)	MFD / DIST / IMPORTED (M/W/I/R/MR/C/O)	ANNUAL SALES $	% OF TOTAL SALES	SOLD-TO CHANNEL (WHOLESALE / RETAIL

TOTAL # OF DISTINCT PRODUCTS / SKUS | FLAGSHIP / HIGHEST-VOLUME PRODUCT | % OF SALES — REPLACEMENT PARTS | % OF SALES — INSTALLATION

Product Sales — Five-Year History (US vs. Foreign)

PRODUCT SALES	UPCOMING YR (EST.) $	LAST 12 MONTHS $	1 YEAR PRIOR $	2 YEARS PRIOR $	3 YEARS PRIOR $
Product Sales — United States					
Product Sales — Foreign / Export					
TOTAL					

SALES, EXPORT & SOURCING MIX

% EXPORTED / SOLD OUTSIDE U.S. | % PRIVATE-LABEL / SOLD UNDER OTHERS' NAME | % FOREIGN-MANUFACTURED / IMPORTED | % SOLD VIA E-COMMERCE

% SOLD TO WHOLESALERS / DISTRIBUTORS | % SOLD TO RETAILERS | % SOLD DIRECT TO CONSUMER | % SOLD TO OEM / AS COMPONENT

1. Are any of the applicant's products purchased or used outside the United States? ☐ YES ☐ NO

IF YES, LIST COUNTRIES

2. Does the applicant import any final products, parts, or components from a foreign source? ☐ YES ☐ NO

IF YES, COUNTRIES OF ORIGIN

3. Are any products or parts imported from a foreign manufacturer lacking a U.S.-based corporation, quality assurance, or attachable assets? ☐ YES ☐ NO

IF YES, DESCRIBE

4. Does the applicant sell products under a private label or another company's name/brand? ☐ YES ☐ NO

DESCRIBE

5. Do others manufacture, assemble, package, or install products under the applicant's name or label? ☐ YES ☐ NO

DESCRIBE

PRODUCT EXPOSURE CHECKLIST

Check every category that any of the applicant's products could be used on, in, or in connection with.

- ☐ Food / beverage
- ☐ Nutraceutical / vitamins / supplements
- ☐ Pharmaceutical / drugs
- ☐ Cosmetics / personal care
- ☐ Medical device / implant
- ☐ Children's products / toys / juvenile
- ☐ Firearms / ammunition / ballistics
- ☐ Cannabis / CBD / hemp
- ☐ Tobacco / e-cigarette / vape
- ☐ Electrical / electronic
- ☐ Lithium / battery / power cell
- ☐ Chemicals / flammables / pesticides
- ☐ Automotive / critical auto part
- ☐ Aircraft / aerospace / missile / UAS
- ☐ Watercraft / marine / offshore
- ☐ Recreational / sporting / fitness
- ☐ Industrial / heavy machinery
- ☐ Construction / building material
- ☐ Pollution / waste treatment
- ☐ Component supplied to another's product
- ☐ Sold via Amazon / e-commerce marketplace
- ☐ Previously recalled product type
- ☐ None of the above

6. Could any product be used in or on aircraft, aerospace, missiles, or firearms? ☐ YES ☐ NO

7. Could any product be ingested, applied to the body, or implanted (food / drug / cosmetic / device)? ☐ YES ☐ NO

8. Could any product reach children, infants, or be marketed as a toy or juvenile product? ☐ YES ☐ NO

9. Do operations involve storing, treating, applying, disposing, or transporting hazardous materials? ☐ YES ☐ NO

IF YES, ATTACH SDS / MATERIAL SAFETY DATA SHEETS

10. Are any products sold as a component or ingredient of another company's finished product? ☐ YES ☐ NO

IF YES, DESCRIBE END USE

11. Is any product sold via Amazon or another e-commerce marketplace under a marketplace 'fulfilled-by' model? ☐ YES ☐ NO

IF YES, WHICH PLATFORMS

ROLE: DESIGN VS. MANUFACTURE VS. DISTRIBUTE

WHO DESIGNS THE APPLICANT'S PRODUCTS?

% OF PRODUCTS DESIGNED IN-HOUSE

% DESIGNED TO CUSTOMER / THIRD-PARTY SPEC

12. Does the applicant manufacture or assemble any products itself? ☐ YES ☐ NO

13. Does the applicant contract out (sub-manufacture) any manufacturing or assembly? ☐ YES ☐ NO

IF YES, IS THERE A FORMAL WRITTEN AGREEMENT WITH EACH SUB-MANUFACTURER? (ATTACH PRODUCT-LIABILITY SECTIONS)

14. Does the applicant distribute products manufactured by others? ☐ YES ☐ NO

15. Does the applicant rebuild, refurbish, recondition, or relabel any products or assemblies? ☐ YES ☐ NO

DESCRIBE

16. Does the applicant act only as a wholesaler / retailer / reseller (no design or manufacture)? ☐ YES ☐ NO

IF YES, % OF REVENUE

17. Are product designs subject to independent external review, testing, or certification? ☐ YES ☐ NO

BY WHOM

18. Does the applicant maintain records of design changes and the reasons justifying them? ☐ YES ☐ NO

19. Does the applicant offer training or instruction in the use of its products? ☐ YES ☐ NO

IF YES, ARE TRAINEES CERTIFIED?

TESTING, STANDARDS & DOCUMENTATION

Applicable testing / certification standards (check all that apply)

- ☐ UL listed / recognized
- ☐ FDA registered / cleared
- ☐ ASTM
- ☐ CPSC / CPSIA compliant
- ☐ ANSI
- ☐ ISO 9001 / quality-system cert
- ☐ NSF
- ☐ FCC
- ☐ CE mark
- ☐ Third-party lab tested
- ☐ Industry-specific standard
- ☐ No formal standards apply

CERTIFYING / TESTING BODY OR LAB(S)

FREQUENCY OF TESTING

HOW LONG QC / TEST RECORDS RETAINED

20. Are products designed, tested, labeled, and manufactured to meet or exceed all applicable government and industry standards? ☐ YES ☐ NO

21. Are all instructions, operating manuals, advertisements, warning labels, and warranties reviewed by legal counsel? ☐ YES ☐ NO

22. Are batch / lot / serial numbers shown on the finished product and on shipment invoices? ☐ YES ☐ NO

23. Can the date of manufacture of each product be identified (factory number / stamp)? ☐ YES ☐ NO

24. Are complete inventory records of shipments and deliveries to consignees maintained? ☐ YES ☐ NO

25. Can the applicant's products be identified and distinguished from those of competitors? ☐ YES ☐ NO

QUALITY CONTROL & PRODUCT-RECALL PLAN

26. Does the applicant maintain formal written quality-control and testing procedures? ☐ YES ☐ NO

27. Does the applicant have a formal written product-recall procedure? ☐ YES ☐ NO

28. What means would be used to secure the return and disposal of a recalled product? ☐ YES ☐ NO

DESCRIBE RECALL MECHANICS / LOGISTICS

29. Does the applicant carry separate Product Recall insurance? ☐ YES ☐ NO

30. Have any products been voluntarily or involuntarily recalled in the past 5 years, or is a recall being considered? ☐ YES ☐ NO

IF YES, LIST PRODUCTS, DATES, AND REASON

DISCONTINUED PRODUCTS / OPERATIONS

Complete only if any products or operations have been or are being discontinued, sold, or wound down.

Discontinuation type (check all that apply)

- ☐ All operations ceasing
- ☐ Business being sold
- ☐ Specific products discontinued
- ☐ Production rights sold
- ☐ Product line sunset / phase-out
- ☐ Not applicable

Discontinued-Products Detail

DISCONTINUED PRODUCT / LINE	DATE DISCONTINUED	EST. UNITS STILL IN MARKET / FIELD	PLANNED SUNSET / TAIL (YRS)

31. Does the applicant have any discontinued products still in the stream of commerce? ☐ YES ☐ NO

REASON(S) FOR DISCONTINUING

32. Has any product been self-insured, uninsured, or excluded from previous coverage? ☐ YES ☐ NO

33. Have there been any acquisitions, divestitures, or name changes in the past 5 years? ☐ YES ☐ NO

IF YES, DESCRIBE AND ADVISE HOW PAST LIABILITIES WERE HANDLED

34. Does the applicant have any divisions or affiliates NOT to be insured hereunder? ☐ YES ☐ NO

DESCRIBE

VENDOR & RISK-TRANSFER AGREEMENTS

LIMITS REQUIRED OF SUPPLIERS / MANUFACTURERS $	PERIOD PRODUCTS WARRANTED / GUARANTEED	# ACTIVE SUB-MANUFACTURERS / SUPPLIERS

35. Does the applicant obtain certificates of Product Liability insurance from all manufacturers / suppliers? ☐ YES ☐ NO

36. Is the applicant named as an Additional Insured–Vendor under each manufacturer's / supplier's policy? ☐ YES ☐ NO

37. Is any manufacturer's policy issued by a foreign (non-U.S.) insurer? ☐ YES ☐ NO

IF YES, WHICH / WHAT COVERAGE

38. Does the applicant give hold-harmless agreements, warranties, or guarantees to any supplier, distributor, or purchaser? ☐ YES ☐ NO

ATTACH FORM OF GUARANTEE / WARRANTY

39. Does the applicant agree to hold dealers, distributors, subcontractors, or suppliers harmless for bodily injury or property damage from its products? ☐ YES ☐ NO

ATTACH STANDARD FORMS

40. Is any of the applicant's work subcontracted to others? ☐ YES ☐ NO

IF YES, IS THE APPLICANT NAMED ADDITIONAL INSURED AND HELD HARMLESS BY THE SUBCONTRACTOR?

41. Does the applicant install, service, repair, or maintain its products off-premises (by itself or others)? ☐ YES ☐ NO

COVERAGE REQUESTED

PRODUCTS / COMPLETED-OPS AGGREGATE

EACH-OCCURRENCE LIMIT

GENERAL AGGREGATE

PRODUCT RECALL LIMIT (IF ANY)

DEDUCTIBLE / SIR

EXCESS / UMBRELLA LIMIT (IF ANY)

REQUESTED EFFECTIVE DATE

RECALL & REGULATORY HISTORY

DATE(S) OF RECALL

RECALL TYPE (VOLUNTARY / ORDERED)

ORDERING AGENCY (IF ORDERED)

% RECALLED GOODS RETURNED / REPAIRED

PRODUCT(S) INVOLVED, REASON FOR RECALL, HOW DISCOVERED, AND REMEDY OF THE PROBLEM

42. Has the applicant ever had a product-recall event (voluntary or ordered)? ☐ YES ☐ NO

43. Are there any present situations, conditions, or suspected defects that might give rise to a product recall? ☐ YES ☐ NO

IF YES, PROVIDE DETAILS

44. Have the applicant's products ever been subject to inquiry or investigation by any government agency (efficacy, labeling, hazardous contents, or safety)? ☐ YES ☐ NO

PROVIDE DETAILS

45. Is the applicant aware of any study, analysis, or trial — by or on behalf of any government agency or industry regulatory body — examining the safety of its products? ☐ YES ☐ NO

PROVIDE DETAILS

46. Has the applicant been cited by any regulatory agency for violations? ☐ YES ☐ NO

PROVIDE DETAILS

47. Has the applicant had any Product Liability claims that were NOT covered by insurance (paid out of pocket)? ☐ YES ☐ NO

LOSS HISTORY

List all claims and losses for the past 5 years, regardless of fault or payment. Attach currently-valued (within 90 days) loss runs for all lines.

48. Has the applicant had any claims, losses, or incidents in the past 5 years? ☐ YES ☐ NO

49. Are there any known incidents, facts, or circumstances that may result in a claim? ☐ YES ☐ NO

50. Has any coverage been declined, cancelled, or non-renewed in the past 5 years? ☐ YES ☐ NO

Loss Detail

DATE OF LOSS	LINE / COVERAGE	CLAIMANT	DESCRIPTION	PAID $	RESERVED $	STATUS (O/C)

51. Are you aware of any incident, condition, defect, or suspected defect in any product or work — not already listed above — that might result in a claim against you? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

APPLICANT STATEMENT & SIGNATURE

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 (in some states a fine and/or imprisonment). The applicant represents that the statements and answers given are true, complete, and accurate to the best of their knowledge and will be relied upon by the insurer. Completion of this application does not bind coverage.

SIGN

DATE

SIGNATURE OF APPLICANT

PRINTED NAME

TITLE

PRODUCER / AGENCY

HEDGE SUBMISSION #