

3 Easy Steps

- 1) Fill out application online by tabbing through the fields.
- 2) Email:
 - File Menu > Send to >Mail Recipient (as attachment)
- 3) OR, Fax:
 - Save application to your hard drive (File > Save As >)

Foreign Supplier Liability InsuranceSM Application

Company: _____ **Broker:** _____

Address: _____ **Address:** _____

Contact: _____ **Contact:** _____

E-Mail: _____ **E-Mail:** _____

Phone: _____ **Phone:** _____

Fax: _____ **Fax:** _____

Dunn & Bradstreet #: _____ **Years in Business:** _____

Individual Partnership Corporation JV Other

Type of Business: Manufacturing Wholesale/Distributor Retail Other

General Information

Intended Inception Date: _____ Limits of Liability Requested: \$ _____ Each Occurrence \$ _____ Aggregate

Information About Management of Foreign Suppliers and Products (If "Yes", please summarize overview.)

- 1) Is there a pre-qualification process in place in your Company for evaluating and selecting Foreign Suppliers to be insured under this coverage?
- 2) What procedures are in place in your Company to handle complaints about Foreign Supplier-provided Products to be insured under this coverage?
- 3) Are the Foreign Supplier-provided Products to be insured under this coverage reviewed by your Company for adequate warning labels and written instructions?
- 4) Are warranties for Foreign Supplier-provided Products to be insured under this coverage reviewed by your Company's quality control staff and legal counsel?
- 5) What procedures are in place for quality control or testing of the Foreign Supplier-provided Products that are used or sold in your business and are to be insured under this coverage?
- 6) What procedures are in place in your Company to notify Foreign Suppliers when a deficiency has been identified for a Product to be insured under this coverage?

NOTE: Please complete **Supplement A for ALL Foreign Supplier-provided Products** to be insured under this coverage. Please complete a **separate Supplement B for EACH Foreign Supplier** to be insured under this coverage. **Coverage will only apply on a scheduled supplier basis.**

Signed _____ Title _____ Date _____

FOREIGN SUPPLIER-PROVIDED PRODUCT INFORMATION – SUPPLEMENT A

1) Complete the table below for Foreign Supplier-provided Products and/or Component Parts to be insured under this coverage.

Attach brochures if available.

Product or Contingent Part Name	Label Under Which Sold	Country(s) in Which Sold	Foreign Supplier	Has been Subject to Recall	Designed to Company Specifications	Additional Information Attached
				Yes	Yes	Yes
				Yes	Yes	Yes
				Yes	Yes	Yes
				Yes	Yes	Yes
				Yes	Yes	Yes
				Yes	Yes	Yes
				Yes	Yes	Yes

Please provide additional details for each Product listed above that has been subject to recall.

Please provide additional details for each Product listed above that is designed to your Company's specifications.

2) Are any Foreign- Supplier-provided Products to be insured under this coverage used in the following industries? Check all that apply.

- Aircraft / Aerospace
- Motor vehicles
- Watercraft / Offshore
- Medical or Pharmaceutical
- Cosmetics
- None of the above

If Yes, please describe in detail.

- 1) Are any Foreign Supplier-provided Products to be insured under this coverage tested and certified for use by your Company or others? If Yes, please describe.
- 2) Are any Foreign Supplier-provided Products to be insured under this coverage subject to review and approval by your Company to meet industry standards?
 - a. If Yes, has ISO 9000 certification been completed?
- 3) Does your Company maintain and service any of the Foreign Supplier-provided Products that are to be insured under this coverage? If Yes, please describe.

FOREIGN SUPPLIER-PROVIDED PRODUCT INFORMATION – SUPPLEMENT A continued

1) For Foreign Supplier-provided Products that are to be insured under this coverage and that are Sold or Acquired by your Company, provide Loss History during the past 5 years:

Product Name	Loss Year	Number of Claims	Total Incurred Expense	Total Paid Expense
				\$

Please describe any loss in excess of \$25,000 (incurred expense).

Is additional information attached? Yes

Signed

Title

Date

FOREIGN SUPPLIER INFORMATION – SUPPLEMENT B

(Complete a separate Supplement B for each Foreign Supplier to be insured under this coverage)

Foreign Supplier Name:

Address:

Country:

- 1) Please completed the following information for Products supplied to the Company that to be insured under this coverage :

	Product Information	Product Information	Product Information	Product Information
Product Name				
Type				
Description				
Annual Sales to Company				
Countries where Manufactured				
Additional information attached	Yes	Yes	Yes	Yes

- 2) Does this Foreign Supplier manufacture, assemble or package Products under your Company’s name or label?

If Yes, please list the Products.

- 3) Do you supervise the manufacturing process or provide instructions to this Foreign Supplier for Foreign Supplier-provided Products to be insured under this coverage?

If Yes, please list the Products.

- 4) How often does your Company evaluate this Foreign Supplier for quality and compliance to specifications?

- 5) How often does your Company test Products to be insured under this coverage for quality and compliance to specifications?

- 6) Does this Foreign Supplier have a written plan in place for withdrawal of its Products that are be insured under this coverage from the market if there is a known defect?

Signed

Title

Date
