

Manufacturers Professional (Manu Pro) Application



Instructions

1. PLEASE ANSWER ALL QUESTIONS USING CLEAR TYPE OR PRINT. IF ANY QUESTIONS ARE CONSIDERED “NOT APPLICABLE”, PLEASE EXPLAIN WHY.
2. IF YOU NEED MORE SPACE, CONTINUE ON A SEPARATE SHEET AND INDICATE THE QUESTION NUMBER.
3. THIS APPLICATION AND ALL SUPPLEMENTAL FORMS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

Firm Information

1. Name of applicant (please list **ALL** entities for which coverage is required): _____ Date established: _____

2. Address: _____

City: _____ State: _____ Zip code: _____

Website: _____

3. Do you have any overseas manufacturing facilities? Yes No

If 'Yes', please provide a list below and the revenue derived from each.

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4. Personnel (please include **ALL** staff - professional **and** non-professional):

	Number
Licensed engineers & other design professionals:	
Others (principals/manufacturing personnel/administrative/clerical):	
TOTAL:	

Revenues/Products/Services

5. a) Gross revenues last 12 months: \$ _____

b) Estimated revenues next 12 months: \$ _____

c) Where are your products sold geographically (must total 100%)?

USA _____% Canada _____% Europe _____% Asia _____% Other _____%

6. Please describe the products you manufacture and the industry sectors that your products are used in:

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7. Please breakdown your gross revenues from Question 5a) in the following table (must total 100%):

Contract manufacturing	%
Assembly	%
Products made to the applicant’s own design/specification	%
Distribution of products manufactured by others	%
Licensing fees/royalties	%
Design/engineering for third parties	%
Other (please describe):	%

8. Please list your top three products by revenue, and the percentage of your gross revenues from Question 5a) derived from each:

Product	% of Applicant’s Gross Revenues
	%
	%
	%

9. Do you perform installation of your own products? Yes No

10. What % of your product sales relate to products that have been in the market for (must total 100%):

Less than 1 Year? _____% 1-2 Years? _____% 2-5 Years? _____% Over 5 Years? _____%

11. a) Please detail your three largest jobs from the past two years:

Client	Industry Sector	Gross Revenue	Products Manufactured

b) Average contract size? _____

12. What is the worst thing that could happen to your customers' operations if your product(s) were to fail or stop working?

Best Practices/Risk Management

13. a) Do you subcontract out any part of your manufacturing operations? Yes No

If 'Yes', what percentage? _____%

And what service(s)? _____

b) Please describe the controls in place to ensure the quality of your subcontractors' work:

14. Do you:

a) use written contracts with all customers specifying the products and/or services you will provide?
 Yes No

b) include all necessary/required products labels, instructions and warnings with all of your products?
 Yes No

c) have in-house quality control procedures? Yes No

d) have a formal plan to address any flaws, defects, bugs, anomalies, problems, etc., discovered in your products and/or services including those notified by customers? Yes No

If you answered 'No' to any of the above, please provide full details below:

15. What percentage of your products and/or services, upon delivery to your customers, are returned or require fixes? _____%

16. Do you warrant or guarantee any standards or performance for products and/or services (e.g. delivery or completion timeframes, durability, quality etc.)? Yes No

If 'Yes', please specify:

Current Insurance Information

17. Please provide a copy of the applicant’s current policy for which coverage is being requested and provide the following details regarding the applicant’s professional liability and general liability insurance coverage for the most current year:

Professional Liability:

Policy Period	Insurer	Limits	Deductible / Retention	Premium	Retro Date
		\$	\$	\$	

Commercial General Liability:

Policy Period	Insurer	Limits	Deductible / Retention	Premium
		\$	\$	\$

Cyber Liability Information

18. Has the applicant suffered from a privacy breach, network security violation, cyber extortion or any other cyber-related incident in the past five years? Yes No

Claim or Circumstance Information

19. Has any professional claim or legal action been brought against the applicant, its predecessor(s) or any current/past principal, partner, director, or officer in the past 10 years? Yes No

20. After inquiry, is the applicant, its predecessor(s) or any current/past principal, partner, director, or officer aware of any act, error, omission or circumstance which may possibly result in a claim being made against them? Yes No

21. Does the applicant have any open claims under its CGL policy (including products completed operations) and/or any closed claims with a total incurred exceeding \$100,000 (including expenses and indemnity)? Yes No

22. Does the applicant or any principal, partner, director or officer have knowledge of any prior or pending:

a) complaints or cease & desist demands alleging trademark or copyright infringement? Yes No

b) any product recalls relating to their product(s)? Yes No

c) customer allegations or complaints relating to performance or non-performance of your product or service, or delayed or late delivery? Yes No

d) product liability claims or circumstances? Yes No

If you answered 'Yes' to any of the questions 18-22, please provide full details below or on a separate sheet.

I understand that the information submitted herein becomes part of the application for professional liability insurance and is subject to the same representations and conditions.

Signed: _____ Date: _____

Print Name: _____ Title: _____
(owner, partner, authorized officer)