

ARCHERY MANUFACTURERS APPLICATION

Applicant: _____
 Address: _____ Website: _____
 Contact Person: _____ Title: _____
 Telephone Number: _____ Email: _____
 Risk Manager Contact: _____ Email: _____ Telephone Number: _____

SECTION I – GENERAL INFORMATION

1. Proposal Effective Date: _____
2. Is the Applicant's current policy on claims made form? Yes No
 If yes, what is the retroactive date: _____
3. Limits of Liability: \$ _____
4. Deductible or Self Insured Retention per Claim: \$ _____
5. Has any insurer ever canceled, restricted or refused to renew the Applicant's liability insurance? Yes No
6. What does the Applicant anticipate their payroll will be for this year? \$ _____
7. What does the Applicant anticipate their sales will be for this year? \$ _____

Period From / To	Insurance Company	Total Premium	Rate	Gross Sales	Limit of Liability	Deductible per Claim
Current Year						
First Prior						
Second Prior						
Third Prior						
Fourth Prior						

Please provide us with a copy of the Applicant's existing Commercial General Liability Policy. If you do not have one, please check here: _____

SECTION II – PRODUCT INFORMATION

Applicant's total sales for the past 4 years: \$ _____
 M – Manufacturer W – Wholesaler R – Retailer I – Importer
 MR – Manufacturers Representative C – Consumer Direct O – Other

Type of Products & Services	Applicant acts as a					# of Years	# of Units	Products sold to					
	M	W	R	I	MR			W	R	MR	C	O	

Products and Sales Information – Applicant's gross receipts from the sale of archery equipment excluding excise tax:

Product	Estimated Current Year Sales	# of Units	Total Prior Year sales	Total Second Year Sales	Total Third prior year sales	Total Fourth Prior Year
Crossbows						
Compound Bows						
Bows						
Broad heads						
Parts						
Accessories						

Description of Parts or Accessories: _____

1. If the Applicant manufactures crossbows, what safety mechanisms are used to prevent accidental "release/fire"?

2. List Applicant's five largest customers:
 - a.
 - b.
 - c.
 - d.
 - e.

3. Has the Applicant discontinued or are they considering discontinuing any product to be covered by this insurance? Yes No
 If yes, fully describe:

4. Is the Applicant contemplating any new products? Yes No
 If yes, fully describe:

5. If the Applicant is a distributor or importer, are they covered by the manufacturer, and do they secure certificates of insurance or copies of policies showing the coverage? Yes No
 If yes, provide details on coverage and limits. Attach copies of data. See attached certificate requirement data sheet.

6. Can any of the Applicant's products or services be part of or used on in connection with: Yes No
 - Aircraft/Missile/Aerospace
 - Life Support Systems
 - Pharmaceuticals/Cosmetics
 - Transit
 - Transportation
 - Watercraft or Offshore
 If yes, attach full details.

SECTION III – CORPORATE HISTORY

1. How many years has the Applicant been in business under the present name or names?
2. Has the Applicant acquired any companies in the past 10 years? Yes No
 If yes, furnish names of companies and types of products manufactured.

Name of Company	Products Manufactured

3. Did the acquisition include the assumption of liabilities? Yes No
 If yes, is the loss experience included herein? Yes No
4. Has the Applicant ever been declared bankrupt or are you a successor company to a former bankruptcy? Yes No
 If yes, is Applicant liable for products manufactured by the former company? Yes No
 In a narrative, on a separate sheet, describe how Applicant differs from the former company.
5. Is the Applicant currently a Debtor in possession or do you anticipate filing for bankruptcy reorganization with the next year? Yes No

6. Has the Applicant sold any companies in the last ten years? Yes No
 If yes, furnish names of companies, types of products manufactured and recent sales figures.

Name of Company	Products Manufactured	Sales
		\$
		\$
		\$

7. Does the sale include liabilities? Yes No

SECTION IV – PROCESSING

1. Do others manufacture, assemble or install products under the Applicant's name? Yes No
 If yes, does the Applicant secure certificates of product liability insurance or are you named as an additional insured under those policies? Yes No
2. Does the Applicant manufacture, assemble, package or install products for others under another's name or label? Yes No
 If yes, please describe:

SECTION V – QUALITY CONTROL

1. Are written quality control and testing procedures followed? Yes No
2. How long are quality control records kept?
3. Do the Applicant's records indicate when each product was manufactured? Yes No
4. Do the Applicant's records show to whom and the date each product was sold? Yes No
5. Do the Applicant's records show who supplied component parts going into Applicant's products? Yes No
6. If Applicant's products are manufactured to the specifications of Applicant's customers, do they test product upon receipt? Yes No

SECTION VI – LOSS CONTROL

1. Does the Applicant have a written products safety program for which specific individuals has responsibility for implementation? Yes No
 If no, Applicant must agree to implement one.
2. Are Applicant's designs subject to independent external review, testing or certifications? Yes No
 If yes, please explain:
3. Does the Applicant's legal counsel or other competent person review all instructions, operating manuals, advertisements and warranties periodically? Yes No
 If no, they must be.
4. Does the Applicant have a written products recall procedure? Yes No
 If no, Applicant must agree to begin the implementation of one.
 If yes, explain fully:
5. Since the inception of the Applicant's company, have they issued any notification of, or they aware of any defect in any products they sell or intend to sell? Yes No
 If yes, explain on a separate sheet.
6. Has the Applicant ever been requested or advised to recall any products? Yes No
 If yes, explain on a separate sheet.
7. Has the Applicant ever recalled any products voluntarily? Yes No
 If yes, what is the Applicant's estimate of the recovery obtained?

8. Does the Applicant offer personal training or instruction in the use of any products? Yes No
If yes, please explain:

SECTION VII - PROPERTY

1. Please review building security measures listed below:
- | | | | | | | |
|---|---------|-----------|-------|--------|--|--|
| Fire Alarm: | Central | Local | None | Other: | | |
| Burglar Alarm: | Central | Local | None | Other: | | |
| Is the alarm UL listed or approved? Yes No | | | | | | |
| Smoke Detectors: | Battery | Hardwired | | | | |
| Doors are: | Metal | Glass | Frame | | | |
2. Do windows and glass doors have metal bars? Yes No
3. Describe other protection: (safe, dead bolt locks, metal bars, crash barriers in front of building, fire extinguishers, etc.)
4. Does the building have other occupancies? Yes No
If yes, describe:
5. Is the building 100% sprinklered? Yes No
6. What is the distance to the nearest fire hydrant:
7. Is there a range on premises for the purpose of testing finished products? Yes No
8. How are finished products stored?
9. How are potential hazards materials stored?

SECTION VIII - CLAIMS

If Applicant cannot provide insurance company hard copy loss runs for the past 5 years, complete the following:

Policy Year	# of Claims	Total Paid Including Expenses	Total Reserved
Current Year		\$	\$
First Prior		\$	\$
Second Prior		\$	\$
Third Prior		\$	\$
Fourth Prior		\$	\$

1. Has there ever been a claim against the Applicant for \$500,000 or more? Yes No
2. Is the Applicant aware of any other facts, incidents or circumstances which may result in claims being made against them? Yes No
If yes, advise specifics on a separate sheet.
3. Have there been any municipal class action suits? Yes No
4. Have there been any past claims or suits based on distribution or products? Yes No

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.
*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

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APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

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NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)



CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:
Address of Applicant:
City:
Website: www:
Nature of Operations:

State: Zip:

-
1. Annual sales or revenue: \$

 2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information

 3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

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NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

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