DISTRIBUTION WHOLESALERS SUPPLEMENTAL APPLICATION

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: http://get.adobe.com/reader/.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____ FEIN: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Website Address: _____ Years in Business: _____

Section II – Desription of Operations

1. Please provide a full description of all wholesale operation(s), including any installation, service or repair:

2. Indicate which of the following products the Applicant distributes or sells:

- ☐ Aircraft or Related Products
- ☐ Alarm Signaling Equipment
- ☐ Anhydrous Ammonia
- ☐ Antiques or Art
- ☐ Blood or Plasma
- ☐ Boats
- ☐ Cell phones or Equipment
- ☐ Chemicals
- ☐ Collectible/Memorabilia
- ☐ Computer Equipment
- ☐ Electronic Equipment
- ☐ Electronic Components
- ☐ Electronic Media: CDs, DVDs
- ☐ Exercise Equipment
- ☐ Explosives or Fireworks
- ☐ Feed, Grain or Seed
- ☐ Fertilizer
- ☐ Firearms or Ammunition
- ☐ Foreign Products
- ☐ Fuel
- ☐ Gas-Powered Appliances
- ☐ Infant Furniture
- ☐ Industrial Values/Fittings/Tubing/Piping
- ☐ Jewelry or Gemstones
- ☐ Liquor Sales via Internet
- ☐ Medical Equipment
- ☐ Museum Artifacts
- ☐ Oriental Rugs
- ☐ Protective Clothing
- ☐ Photographic Equipment
- ☐ Products for Oil/Gas Industry
- ☐ Sporting Goods
- ☐ Stereo/Recording Equipment
- ☐ Telecommunication Equipment
- ☐ Televisions
- ☐ Tires
- ☐ Tobacco
- ☐ Vitamins & Health Supplements
- ☐ Natural or Liquid Oil or Gas

3. Does the Applicant manufacture or assemble any products? ☐ Yes ☐ No
4. Are you a manufacturer's representative for any products sold or distributed? ☐ Yes ☐ No
5. Does the Applicant do any relabeling, repackaging, mixing or blending or products? ☐ Yes ☐ No

   If YES, please provide details:

6. Does the Applicant directly import any products containing meat, poultry or seafood? ☐ Yes ☐ No
7. Are any products sold intended for use in the airline or oil/gas industry? ☐ Yes ☐ No
8. Does the Applicant sell any containers for hazardous materials? ☐ Yes ☐ No
9. Do you ever develop plans, designs or specifications of products for others? ☐ Yes ☐ No

Section II – Desription of Operations (continued)

10. Do you hold a patent or were you involved in the design of any product? ☐ Yes ☐ No
11. Do you engage in/have any other business ventures for which coverage is not requested? ☐ Yes ☐ No
12. Are all electrical and electronic products sold UL-listed? ☐ Yes ☐ No
13. Do Applicant's products comply with all flammability standards set by the Consumer Product Safety Commission and the Standard for the Flammability of Clothing Textiles found in the Flammability Fabrics Act? ☐ Yes ☐ No

Section III – Sales / Receipts Breakdown

1. What products are sold, handled or distributed by the Applicant?

Type of Products & Brand Name	Total Sales Last Year	Percent of Sales Outside U.S.	Estimated Sales Next Year
	$	%	$
	$	%	$
	$	%	$
	$	%	$
	$	%	$
	$	%	$
	$	%	$

2. Who are the Applicant's primary customers? _____
3. Do you sell products via the internet/e-commerce? ☐ Yes ☐ No

   If YES, what percent of sales does this represent? Retail: _____% Wholesale: _____%
4. Do you perform or subcontract any installation, service, repair, modification or alteration of products? ☐ Yes ☐ No

   If YES, what percent of sales does this represent? _____%
5. Do you import directly from foreign countries? ☐ Yes ☐ No

   If YES, what percent of sales is imported? _____%

   If YES, list countries: _____
6. Does the Applicant sell any used items? ☐ Yes ☐ No

   If YES, what percent of sales does this represent? _____%

   If YES, any refurbishing or repairs done prior to sale? ☐ Yes ☐ No
7. Do you sell any products under the label or made to your specifications? ☐ Yes ☐ No

   If YES, what percent of sales does this represent? _____%

   Please provide details:

Section IV – Risk Transfer Procedures

1. Is there a formal quality control program in place for all products? ☐ Yes ☐ No
2. Does the Applicant have a written procedure to ensure that any directly imported product conforms to U.S. standards and regulations, including labeling? ☐ Yes ☐ No
3. Is there a product recall program to withdraw known or suspected defective products? ☐ Yes ☐ No
4. Are products identified to ensure traceability to date and place of manufacturing? ☐ Yes ☐ No
5. Are batch or product records, serial numbers or copies of guarantee/warranty cards maintained that would facilitate tracing the whereabouts of products? ☐ Yes ☐ No

   If YES, how long are such records maintained: _____
6. Do you verify the manufacturers have product liability coverage? ☐ Yes ☐ No

   If YES, do you receive a Certificate of Insurance from the manufacturer(s)? ☐ Yes ☐ No
7. Does any manufacturer provide vendor's protection for any product that you distribute? ☐ Yes ☐ No

   If YES, please advise which products and explain:

   _____

Section V – Claims / Loss History

1. Has the Applicant ever had a product recall event? ☐ Yes ☐ No

   If YES, please describe:

2. Are there any claims or legal actions pending against any active, inactive or dissolved entities in which you have had a controlling interest? ☐ Yes ☐ No

   If YES, please describe:

3. Has any product been self-insured, uninsured or excluded from any previous coverage? ☐ Yes ☐ No

   If YES, please describe:

4. Has the Applicant been cited by any regulatory agency for violations arising out of business activity involving your product? ☐ Yes ☐ No

   If YES, please describe:

5. Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents, including but not limited to, allegations of faulty or defective products, product failure, product dispute, bodily injury or property damage arising out of or related to your products that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? ☐ Yes ☐ No

   If YES, please describe:

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

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.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

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 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 personal or commercial 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 is considered a crime.

MAINE: 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 denial of insurance benefits.

NEW YORK: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE 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 and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY