

SUPPLEMENT TO PROFESSIONAL LIABILITY APPLICATION
Product Design

Name of Applicant:

1. Indicate the number of staff officers:	Full-Time	Part-Time
A. Principals, Partners or Officers	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>
B. Engineers and Designers	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>
C. Sales and Marketing Personnel	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>
D. Office Employees (Clerks, Typists, etc.)	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>
E. Manufacturing Personnel	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>
F. Total Staff	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>

4. Please specify all types of products that are designed by your firm. (i.e. ergonomic design, mechanical design, machine design, material handling systems, etc.)

5. Have you ever had to recall and products and/or engineering designs? Yes No

6. What percentage of you products and/or engineering designs, upon delivery to your customers, are returned or require fixes?

7. If one of your products failed, how many customers on average would be affected?

8. Do you guarantee the success or performance of any products and/or engineering designs? (i.e. delivery/ completion time, durability, quality). Yes No

Please complete one of the next two sections, or both depending on the nature of professional services you provide.

Custom Product/Engineering Design

Product design and manufacture

12. Does your firm perform engineering services for the development of custom products? Yes No
 If yes, please answer the follow questions on this page.

A. Does your firm also manufacture the products you design? Yes No

B. Does your firm currently maintain General Liability Insurance? Yes No

13. Accounting Year Data - Report all revenue generated by every entity to be listed as an insured, broken down by the following contract types/revenues:

Reporting Period	Past 12 Months		Estimated for Next 12 Months	
	From: <input type="text"/> / <input type="text"/>	To: <input type="text"/> / <input type="text"/>	From: <input type="text"/> / <input type="text"/>	To: <input type="text"/> / <input type="text"/>
Types of Contracts/ Activities	Professional Revenues	Manufacturing/ Installation Revenues	Professional Revenues	Manufacturing/ Installation Revenues
Design Only	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Design/Manufacture/Install	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
TOTAL	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

14. Please provide the following information for your largest 5 products designed in the past 3 years.

Product Description	# of Units	Average Cost Per Unit

I UNDERSTAND INFORMATION SUBMITTED HERIN BECOMES A PART OF MY APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE, AND IS SUBJECT TO THE SAME WARRANTY AND CONDITIONS.

_____ Applicant Signature

_____ Date (Mo/Day/Yr)