

National Elevator Insurance Solutions

Division of Specialty Program Group, LLC

205. 585. 6500



PRODUCTS SUPPLEMENTAL APPLICATION

Provide copies of all brochures/pamphlets/literature describing the products being manufactured.

Applicant:				Do you perform?		SOLD TO						
Total Sales from Manufacturing Operations: \$ _____												
SPECIFIC PRODUCT MANUFACTURED	# OF YEARS PRODUCT MADE	Annual # Units Produced	% OF GROSS SALES	INSTALLATION	SERVICE	C	M	D	I	O		
C-CONTRACTORS M- MANUFACTURERS D-DISTRIBUTORS I-INTERCOMPANY O-OTHER												
GENERAL INFORMATION	Y	N										
1. Do you import any component part?			What is the life expectancy of your product?									
2. Are any of your products flammable?			What % of Sales are replacement parts?									
3. Are you involved in a joint venture			Any discontinued products?									
4. Do you issue written guarantees and/or warranties to purchasers?			What is the warranty period of your products?									
Explain "Yes" responses to items (1,2 & 3) (attach supplemental information)												
QUALITY CONTROL	Y	N								Y	N	
Do you maintain quality control procedures?			Are you ISO 900(0) certified?									
Are QC testing records kept a minimum of 10 years?			Do products comply with industry safety codes & standards at the time of their design?									
Do QC records detail all testing/inspection procedures?			Are serial/batch numbers shown on the finished product as well as on shipping records?									
a. Do you maintain complete inventory records?			Can you identify the date of manufacture of each product?									
b. Do you keep record of all Sales?												
Do QC records identify purchaser of all products?			Do all your products meet UL/CSA standards									
Explain any "No" responses												
LOSS CONTROL										Y	N	
1	Did you have any product liability claims in past 3 years?											
2	Do all of your products meet minimum government and industry standards?											
3	Are records kept of design or advertising changes?											
4	Is any of your product/component integrated into other manufacturers finished product?											
	If Yes, what % of Gross Sales _____ %											
5	Do you provide Additional Insured Coverage for your Vendors?											
6	What percentage of your product(s) is designed In-House? _____ %											
7	Do you have a formal product recall plan?											
8	Have you ever recalled any of your products? If Yes give detail below											