



VGM INSURANCE

PO Box 1328

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APPLICATION FOR MEDICAL PRODUCTS & GENERAL LIABILITY INSURANCE MANUFACTURERS

Applicant Instructions: Answer all questions. If answer is “none” please state “none” or “n/a”. Owner, partner or officer must sign application. This application will be attached to and become part of any insurance policy issued.

1. APPLICANT

- A. Full name of all entities to be insured: _____
- B. Mailing address: _____ City: _____ St: _____ Zip: _____
- C. Phone#: _____ Fax#: _____
- D. FEIN: _____ Website: _____
- E. Contact Name: _____ Email: _____
- F. Individual Partnership Corporation Limited Partnership LLC Other
- G. Years in business using current name: _____
- H. Are you a subsidiary of another entity or do you have any subsidiaries? Yes No
If yes, please explain _____
- I. Proposed effective date for this insurance: _____

2. PRODUCTS

- A. **List each product you sell**, manufacture or distribute. For each product, list whether you are (M) Manufacturer, (I) Importer, (W) Wholesaler, (MR) Manufacturers Representative, (D) Distributor.
- B. **List who you sell to:** (W) Wholesaler, (MR) Manufacturers Representative, (R) Retailer, (E) Direct to End User (consumer). If you seek coverage for multiple products, please attach list including below requested sales information for each product.

Product	Gross Sales	You Are	You Sell To	Number of Units Sold Annually

C. Gross Sales: Last Year _____ Preceding Year _____

D. Have you discontinued or are you considering discontinuing any product to be covered by this insurance? Yes No

- E. With respect to each product
1. Do you manufacture completed products? Yes No
 2. Do you import component parts? Yes No
 3. Do you export products or have foreign operations? Yes No
 4. Are products you sell subject to regulation by any government agency? Yes No
- F. Do you intend to manufacture/distribute any new product in the next 12 months? Yes No
- G. Do you provide a “warranty” on your products? Yes No
- H. Do you service, maintain or repair any products? Yes No
- I. Do you **provide** certificates of insurance (**Vendor’s Certificate**) to anyone? Yes No
- J. Do you **obtain** Products Liability Certificates from suppliers? Yes No

If you answered “yes” to any question D through J, please attach supporting documentation

3. **PROCESSING AND QUALITY CONTROL**

A. **Processing**

1. Do others manufacture, assemble, package or install products under your name or label? Yes No
2. Do you manufacture, assemble, package or install products for others under their name or label? Yes No

Please explain any “yes” answer to A.1 or 2 above: _____

B. **Quality control and record keeping**

1. Are written quality control and testing procedures followed? Yes No
2. How long are quality control and testing records kept? _____
3. Do your records indicate when each product unit is manufactured? Yes No
4. Do your records show to whom and when each unit is sold? Yes No
5. Do your records show suppliers of component parts used in products? Yes No

Please explain any “no” answer to B.1 - 5 above: _____

4. **PROFESSIONAL LIABILITY**

- A.
1. Do you employ any professionals? (nurses, physicians, etc.) Yes No
 2. Are you present in the Operating Room at any time? Yes No
 3. Do you assist, train others, or give advice about the use of any surgical products? Yes No

5. **LOSS PREVENTION, LOSS CONTROL, CLAIM DEFENSE**

A. Who designs the products? _____

B. Who owns the patents? _____

C. Are designs reviewed, tested and verified by others? Yes No

If yes, by whom? _____

D. Do you maintain records of changes in designs, advertisements and sales brochures? Yes No

E. Does legal counsel, relative to product safety or intended use, review all instructions, operating manuals, warnings, advertisements and warranties periodically? Yes No

F. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards? Yes No

G. List your memberships in any industry product-standard organizations: _____

- H. Do you have a specific written program to withdraw known or suspected defective products from the market? Yes No
- I. Have you ever recalled or are you considering recalling any known or suspected defective products from the market? Yes No
- J. Do you sell products direct to consumer or end – user? Yes No
- K. Do you maintain purchase records of components from other manufacturers used in your products? Yes No

6. **CLAIMS HISTORY** (please attach prior carrier company loss runs)

A. Please list all claims during the past five (5) years:

Policy Period	Total Amounts Paid	Total Amounts Reserved
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Are you aware of any incidents that may give rise to future claims? Yes No
 If yes, please describe: _____

7. **INSURANCE**

A. Please indicate prior insurance carried:

Year	Company	Deductible/SIR	Limit Carried	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Is your current coverage Claims Made or Occurrence
 If “Claims Made” please provide Retro Date: _____

- C. Insurance requested:
- Limit of Liability: _____
 - SIR (self insured retention): \$10,000 SIR to be included, higher SIR available _____
 - Include General Liability Coverage in the quote? Yes No
- D. Has an insurer ever canceled or refused to renew or has their been any lapse in your liability insurance coverage? Yes No
 If yes, please explain: _____

APPLICANT WARRANTY: I warrant that the information contained herein is true and that the information provided shall be the basis of the Policy of Insurance and shall be deemed incorporated into the policy.
 I further acknowledge that signing this application does not bind any party, company, agency or applicant to any insurance contract.

Please include all product instruction manuals, operating manuals, warnings, advertisements and warranty statements with this application.

SIGNATURE OF APPLICANT

DATE

PRINT NAME

TITLE

Any person who knowingly 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 act, which is a crime and punishable by civil penalties in certain jurisdictions.