



# VGM INSURANCE

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vgminsurance.com

## PRODUCT LIABILITY APPLICATION FOR MEDICAL PRODUCTS DISTRIBUTORS

*Applicant Instructions:* Application must be signed by owner, partner or officer. This application shall be attached to and become part of any insurance policy issued.

### APPLICANT

A. Full name of all entities to be insured: \_\_\_\_\_

B. Principal address: \_\_\_\_\_

C. Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

D.  Individual  Partnership  Joint Venture  Limited Partnership  Other \_\_\_\_\_

E. Years in business under present name: \_\_\_\_\_

F. Describe present or prior affiliation with other firms: \_\_\_\_\_

G. Proposed effective date for this insurance: \_\_\_\_\_

FEIN: \_\_\_\_\_ Website: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

### PRODUCTS

A. List all products you distribute. For each product, list whether you are (I) Importer, (W) Wholesaler, (MR) Manufacturers Representative, (D) Distributor. List who you sell to: (W) Wholesaler, (MR) Manufacturers Representative, (R) Retailer, (C) Direct to Consumer.

Product	Gross Sales (Est. This Yr.)	You Are	You Sell To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Gross Sales: Last Year \_\_\_\_\_ Preceding Year \_\_\_\_\_

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

If Yes, please describe fully: \_\_\_\_\_

D. 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 any of your products subject to regulation by any government agency?  Yes  No

Explain any "yes" answer to 2, 3 or 4 above: \_\_\_\_\_

\_\_\_\_\_

- E. Do you service, maintain or repair any products?  Yes  No

If yes, please explain and attach copies of contracts if applicable: \_\_\_\_\_

\_\_\_\_\_

- F. Do you obtain hold harmless or indemnity agreements from dealers, suppliers or manufacturers?  Yes  No

Please attach copies

- G. Do you require certificates evidencing Products Liability Insurance from dealers, suppliers or manufacturers?  Yes  No

Please attach copies

**PROCESSING AND QUALITY CONTROL**

- A. 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: \_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL LIABILITY**

- A. 1. Do you employ any professionals, or give medical advice?  Yes  No
2. Do you assist in, or train others in, the use of any surgical products?  Yes  No
3. Do you assist surgeons in operating room procedures?  Yes  No

**CLAIMS HISTORY (attach company loss runs)**

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

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

- B. Describe, in detail, any claim in excess of \$10,000: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Are you aware of any circumstance, which may result in a claim or suit being brought or made against the applicant or any of your employees?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**INSURANCE**

A. Please indicate prior insurance carried:

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

B. Is your current coverage  Claims Made or  Occurrence

If you have ever carried a "Claims Made" policy please provide Retro Date: \_\_\_\_\_

C. Insurance requested:

1. Limit of Liability: \_\_\_\_\_

2. Deductible/SIR: \_\_\_\_\_

D. Has an insurer ever canceled or refused to renew your Products Liability Insurance?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach Brochures, Labels, Service Agreements etc.**

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 insurance act, which is a crime and also punishable by civil penalties in certain jurisdictions.

**If you have any questions about the form or your answers, please ask a sales representative before completing the form.**

**The questions in this application are not intended to, nor do they, indicate the existence, non-existence or limitations on any items of coverage. This document does not in any way determine coverage provided.**

Signature and Attestation:

Name (Print): \_\_\_\_\_

Return To:

Signature: \_\_\_\_\_

**VGM Insurance**

Title: \_\_\_\_\_

A Division of DME Association, Inc.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_