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Medical Distributor, Manufacturer and Manufacturer Representative Liability Application

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.

VGM MEMBER No. _____ **Proposed Effective Date** _____

LEGAL NAME OF INSURED (full name of all companies to be insured under this policy)

DBA _____

Entity is: S Corporation C Corporation Individual Partnership Limited Partnership LLC Other

Website _____

Mailing Address _____

Physical Address _____

City _____ State _____ ZIP _____ County _____

Contact Person _____ Email _____

Phone No. _____ Fax No. _____

FEIN _____ Medicare Provider No. _____

NPI No. _____ Unemployment No. _____

Do you have any bankruptcies, tax or credit liens against you? Yes No

How many years of experience in the field? _____ How many years operating under the same company name? _____

I would like to receive a competitive quote for the following:

- Property Workers' Comp Cyber/Data Breach Liability
 Auto Emp. Practices Liability Directors and Officer

Are you an NDC Homecare or Dedicated Distribution member? Yes No

PRODUCTS AND SERVICES	Applicant Acts as a(n)						No. of Years	% of Gross Receipts	Products and Goods Sold to:			
	M	W	R	I	PS	MR			W	R	C	O

M: Manufacturer **W:** Wholesaler **R:** Retailer **I:** Importer **MR:** Manufacturer's Rep. **C:** Consumer Direct **PS:** Point of Service Distributor **O:** Other (describe)

Payroll:

Job Classification	Total Payroll	# Employees
Payroll of Inside Staff (Clerical/Retail)	\$	
Payroll of Outside Staff (Sales/Delivery)	\$	

Gross Sales: Last Year _____ Preceding Year _____

Commission: Last Year _____ Preceding Year _____

1. Is the manufacturer based in the United States? Yes No
If no, please indicate where the products are manufactured _____
If yes, please describe: _____
2. Have you discontinued or are you considering discontinuing any product to be covered by this insurance? Yes No
If yes, please describe: _____
3. With respect to each product:
Do you manufacture completed products? Yes No
Do you directly import? Yes No
Do you export products or have foreign operations? Yes No
Are products you sell subject to regulation by any government agency? Yes No
4. Do you intend to manufacture/distribute any new product in the next 12 months? Yes No
If yes, please describe: _____
5. Do you provide a "warranty" on your products? Yes No
6. Do you service, maintain or repair any products? Yes No
If yes, please describe: _____
7. Do you **provide** certificates of insurance (**vendor's certificate**) to anyone? Yes No
8. Do you **obtain** certificates of insurance from all manufacturers/suppliers evidencing Product Liability Insurance? Yes No
 - i. Are you included as an Additional Insured - Vendor under each manufacturers'/suppliers' Product Liability Insurance? Yes No
 - ii. What are the minimum limits of insurance required? _____

If you answered "yes" to any question above, please attach supporting documentation.

PROCESSING AND QUALITY CONTROL

1. Processing
 - i. Do others manufacture, assemble, package or install products under your name or label? Yes No
 - ii. Do you manufacture, assemble, package or install products for others under their name or label? Yes NoIf yes, please explain: _____
2. Quality control and record keeping
 - i. Are written quality control and testing procedures followed? Yes No
 - ii. How long are quality control and testing records kept? _____
 - iii. Do your records indicate when each product unit is manufactured? Yes No
 - iv. Do your records show to whom and when each unit is sold? Yes No
 - v. Do your records show suppliers of component parts used in products? Yes NoIf no, please explain: _____

PROFESSIONAL LIABILITY

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

LOSS PREVENTION, LOSS CONTROL, CLAIM DEFENSE

1. Who designs the products? _____
2. Who owns the patents? _____
3. Are designs reviewed, tested and verified by others? Yes No
If yes, by whom? _____

4. Do you maintain records of changes in designs, advertisements and sales brochures? Yes No
5. Does legal counsel, relative to product safety or intended use, review all instructions, operating manuals, warnings, advertisements and warranties periodically? Yes No
6. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards? Yes No
If no, please describe: _____
7. List your memberships in any industry product-standard organizations: _____
8. Do you have a specific written program to withdraw known or suspected defective products from the market? Yes No
9. Have you ever recalled or are you considering recalling any known or suspected defective products from the market? Yes No
10. Do you sell products direct to consumer or end user? Yes No
11. Do you maintain purchase records of components from other manufacturers used in your products? Yes No

Please check if you would like a quote for:

- Hired and/or Non-owned Auto¹ Employee Benefits Liability² \$ 1,000,000 limits

¹Supplemental Application Required

²Number of employees _____

- \$1,000,000 limits

*Not available in all states.

CLAIMS HISTORY (please attach prior carrier company loss runs)

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

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

2. Are you aware of any incidents that may give rise to future claims? Yes No

If yes, please describe: _____

INSURANCE

1. Please indicate prior insurance carried:

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

2. Is your current coverage Claims Made or Occurrence
If "Claims Made," please provide Retro Date: _____

3. Insurance requested:

i. Limit of Liability: _____

ii. Include General Liability Coverage in the quote? Yes No

4. Has an insurer ever canceled or refused to renew or has there been any lapse in your liability insurance coverage? Yes No

If yes, please explain: _____

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES, IN ACCORDANCE WITH APPLICABLE LAW. IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF INJURING, DEFRAUDING OR DECEIVING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS, IN ACCORDANCE WITH APPLICABLE LAW. (AL, AR, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, MA, MD, ME, MI, MS, MO, MT, NE, NV, NH, NJ, NM, NC, ND, OH, OR, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY)

Applicable in Alaska

A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Applicable in Arizona

For your protection, Arizona law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is subject to criminal and civil penalties.

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in 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.

Applicable in the District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in Minnesota

A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in 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.

Applicable in 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 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 subjects such person to criminal and civil penalties.

Applicable in Rhode Island

The Department of Business Regulation requires us to inform you of your legal time to pursue a claim. The legal time limit is commonly referred to as the statute of limitations. In the state of Rhode Island, the statute of limitations for a property damage claim is ten (10) years and three (3) years for a bodily injury claim. If you have any questions, please feel free to contact us.

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

Name (Please print)

Title (Must be President, Chairman, CEO or Director)

Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the Applicant and the Applicant's respective Directors, Officers or other insured parties.