



1111 W. San Marnan Drive
 P.O. Box 1328
 Waterloo, IA 50704
 Phone: 800-362-3363 Fax: 319-235-6656

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 _____ Country _____

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

Limit of Liability requested

\$300,000/\$300,000	\$500,000/\$500,000	\$1 Mil/\$1 Mil	\$1 Mil/\$2 Mil
\$1 Mil/\$3 Mil	\$2 Mil/\$3 Mil	\$2 Mil/\$4 Mil	\$3 Mil/\$4 Mil
\$4 Mil/\$4 Mil	\$5 Mil/\$5 Mil		

Excess limits requested:

\$1 Mil	\$2 Mil	\$3 Mil	\$4 Mil	\$5 Mil
---------	---------	---------	---------	---------

**higher limits and excess not available for all programs

Estimated Annual Gross Receipts for Upcoming Year: _____

Are you paid a commission directly from the manufacturer? Yes No

If yes, list annual estimated commission: _____

Payroll:

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

Product and Service Details:

	Applicant Acts as a(n)			No. of Years	% of Gross Receipts	Products and Services Sold to:			
M: Manufacturer D: Distributor MR: Manufacturers Rep W: Wholesaler R: Retailer PD: Patient Direct O: Other (please list)									
PRODUCTS AND SERVICES	M	D	MR			W	R	PD	O (please list)

General Questions:

- Is the manufacturer based in the United States? YES NO
 If no, please indicate where the products are manufactured: _____
 Have you discontinued or are you considering discontinuing any product to be covered by this insurance?
 YES NO If yes, please describe: _____
- With respect to each product:
 Do you manufacture complete 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
- Do you intend to manufacture/distribute any new product in the next 12 months? YES NO
 If yes, please describe: _____
- Do you provide a warranty on your products? YES NO
- Do you service, maintain or repair any products? YES NO
 If yes, please describe: _____
- Do you provide certificates of insurance (vendor's certificate) to anyone? YES NO
- Do you obtain certificates of insurance including you as an additional insured from all manufacturers or suppliers? YES NO
- Do others manufacture, assemble, package or install products under your name or label? YES NO

9. Do you employ any professionals? (nurses, physicians, etc.) YES NO
 If yes, please list: _____
10. Are you present in the operating room at any time? YES NO
11. Do you assist, train others or give advice about the use of any surgical products? YES NO
12. Who designs the products? _____
13. Who owns the patents? _____
14. Do you keep up-to-date advertisements and sales brochures for all products? YES NO
15. Do you follow protocol for any recall of products? YES NO
16. Please list any subcontractors (1099s) and describe their positions or duties within your company:
- Name: _____ Position: _____
- Name: _____ Position: _____
- Name: _____ Position: _____

Manufacturers, *complete if applicable*

1. Do you manufacture, assemble, package or install products for others under their name or label? YES NO
 If 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 NO
3. Do you maintain records of changes in designs? YES NO
4. Does legal counsel, relative to product safety or intended use, review all instructions, operating manuals, warnings, advertisements and warranties periodically? YES NO
5. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards? Yes No
 If no, please explain: _____
6. Do you have a specific written program to withdraw known or suspected defective products from the market? YES NO
7. Have you ever recalled or are you considering recalling any known or suspected defective products from the market? YES NO If yes, please explain: _____

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. 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 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.