



Furniture Manufacturing Supplemental – Excess / Umbrella

Name of Applicant:	
Does the applicant manufacture any of the following items? <input type="checkbox"/> Infant Furniture <input type="checkbox"/> Electric fireplaces or similar products <input type="checkbox"/> Seats for automobiles, aircraft or other types of transportation <input type="checkbox"/> Used or refurbished items	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant directly import more than 50% of their materials or products from outside the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any products critical components of an end product where failure of the insured's product is likely to result in severe bodily injury or property damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant install or rent any products to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FRAUD WARNING:

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.

APPLICANT'S SIGNATURE _____ Date _____

AGENT SIGNATURE _____ Date _____