



General Products Retailer Supplemental – Excess / Umbrella

Name of Applicant:	
Does the applicant directly import more than 50% of their products from outside the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant sell any products under their own name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant distribute any pharmaceuticals, over the counter drugs, nutraceuticals or dietary supplements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have any 24 hour exposures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant sell any of the following products? <input type="checkbox"/> Sporting Goods <input type="checkbox"/> Protective Clothing or Gear <input type="checkbox"/> Infant or children’s clothing <input type="checkbox"/> Power Tools or Lawn Equipment <input type="checkbox"/> Pools (sell or install) <input type="checkbox"/> Trampolines <input type="checkbox"/> Balloons <input type="checkbox"/> Swing sets or Playground equipment (sell or install) <input type="checkbox"/> Safety products (helmets or sporting gear) <input type="checkbox"/> Fire places & Wood burning stoves <input type="checkbox"/> Seasonal Stores	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant provide any of the following? <input type="checkbox"/> Rental of products to others <input type="checkbox"/> Refurbished or used products <input type="checkbox"/> Installation or subcontracting of gas powered appliances (such as stoves, grills, dryers or hot water heaters) <input type="checkbox"/> Assembly of product <input type="checkbox"/> Installation	<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 _____