



Wholesalers Supplemental – Excess / Umbrella

Name of Applicant:	
Does the applicant distribute any of the following items? <input type="checkbox"/> Smokers' supplies <input type="checkbox"/> Cellular or mobile phones and/or accessories <input type="checkbox"/> Seasonal products <input type="checkbox"/> Gas powered fixtures or appliances (such as stoves, grills, dryers or hot water heaters) <input type="checkbox"/> Protective clothing <input type="checkbox"/> Generators <input type="checkbox"/> Retail sales of alcoholic beverages <input type="checkbox"/> Alarm signal systems <input type="checkbox"/> Fire retardant materials <input type="checkbox"/> Structural products <input type="checkbox"/> Containers for hazardous materials <input type="checkbox"/> Tubing or pipe <input type="checkbox"/> Meat & Seafood <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Firearms or ammunition <input type="checkbox"/> Cooking equipment <input type="checkbox"/> Firefighting equipment <input type="checkbox"/> Infant and Children's toys or furniture <input type="checkbox"/> Amusement park equipment	<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
Does the applicant sell any products under their name or repackage?	<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

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 SIGNATURE _____ Date _____

AGENT SIGNATURE _____ Date _____