

Foreign-Manufactured Product Supplemental Questionnaire

Complete this questionnaire only if you directly import your final product from a foreign company or you employ a foreign company to manufacture or assemble your final product.

Applicant Name

1) Description of products:

2) Countries of Origin Corresponding Gross Sales

<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>

3) Do you have a written contract with the manufacturer/assembler of your product? YES NO

If yes, does the contract require your prior approval of any changes in design, components, component suppliers and/ or manufacturing processes? YES NO

4) Do you have a formal, written Quality Assurance (QA) Program that is in full compliance with all applicable federal regulations and industry standards? YES NO

5) Is your QA Program administered by an independent QA Provider? YES NO

If Yes, please provide Provider details below.

Name:

Address:

6) Is your Internal QA Program administered in-house by staff dedicated full-time to QA? YES NO

7) Is your QA Program accredited by, certified by, or registered with any governmental or industry body or agency? YES NO

If Yes, please provide the following:

Name of accrediting body or agency?

Type of accreditation, certification or registration

Dates received

8) Does your QA Program include:

- | | | |
|--|---------------------------|--------------------------|
| a. Product design evaluation? | <input type="radio"/> YES | <input type="radio"/> NO |
| b. Factory selection? | <input type="radio"/> YES | <input type="radio"/> NO |
| c. Factory audits? | <input type="radio"/> YES | <input type="radio"/> NO |
| d. Pre-production testing of raw material? | <input type="radio"/> YES | <input type="radio"/> NO |
| e. First run product testing including testing-to-failure of critical areas? | <input type="radio"/> YES | <input type="radio"/> NO |
| f. Scheduled finished product testing audits? | <input type="radio"/> YES | <input type="radio"/> NO |
| g. Random, unannounced product audits? | <input type="radio"/> YES | <input type="radio"/> NO |
| h. Subcontractor audits? | <input type="radio"/> YES | <input type="radio"/> NO |
| i. Core component supplier audits? | <input type="radio"/> YES | <input type="radio"/> NO |

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application.

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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Current Date:

Title

If you prefer not to return application with an electronic signature, please print and sign below:

Signature of Applicant or Authorized Representative

Current Date:

Title

Type or print your name & title

Type or print your phone number

Type or print your e-mail address