

# MANUFACTURER'S REPRESENTATIVE QUESTIONNAIRE

**1. Applicant**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**2. Percentage of product that is:**

		From Applicant's Inventory		Direct Shipped by Manufacturer		Shipped by Manufacturer through Applicant	
Consumer Retail	%	%	+	%	+	%	= 100%
B2B	%	%	+	%	+	%	= 100%
Wholesale	%	%	+	%	+	%	= 100%
= 100 %							

3. Are any products sold under your name or label?       YES       NO

4. Are you the importer of any products?       YES       NO

a. If yes, do the manufacturers have a location in the US and liability coverage in the US?

YES       NO

5. Are you named as an ADDITIONAL INSURED on the manufacturers policies (vendors coverage)?

YES       NO

6. Are any manufacturers an ADDITIONAL INSURED on your policies?    YES       NO    If yes, please provide details.

7. List the top types of products sold and annual gross sales volume:

Description \_\_\_\_\_ Sales \_\_\_\_\_

Description \_\_\_\_\_ Sales \_\_\_\_\_

Description \_\_\_\_\_ Sales \_\_\_\_\_

Description \_\_\_\_\_ Sales \_\_\_\_\_

8. Do you provide any engineering or product design services?    YES  NO    If yes, give details:

\_\_\_\_\_

9. List gross receipts for the past 3 years:

200\_\_ \$ \_\_\_\_\_      200\_\_ \$ \_\_\_\_\_      200\_\_ \$ \_\_\_\_\_

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10. Has your work ever involved any of the following?  YES  NO If yes, (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Aircraft Parts or Operations | <input type="checkbox"/> Offshore Work                      |
| <input type="checkbox"/> Auto Parts                   | <input type="checkbox"/> Pharmaceuticals                    |
| <input type="checkbox"/> Asbestos                     | <input type="checkbox"/> Chemical Manufacturing or Refining |
| <input type="checkbox"/> Explosives                   | <input type="checkbox"/> Ship Building or Repair            |
| <input type="checkbox"/> Latex                        | <input type="checkbox"/> Silica                             |
| <input type="checkbox"/> Medical Devices or Supplies  | <input type="checkbox"/> Tobacco Products                   |
| <input type="checkbox"/> Munitions                    | <input type="checkbox"/> Weapons                            |
| <input type="checkbox"/> Nuclear Energy               | <input type="checkbox"/> Waste Treatment or Disposal        |

For those checked, please describe:

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**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, INFORMING CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES, NOT APPLICABLE IN CO, HI, OH, OK, IN, ME, AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.**

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Title (Officer, Partner): \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Surplus Line Managers  
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