

LIGHT MANUFACTURING LINESLIP APPLICATION

Please ensure that you fully complete all sections of the attached application. This application has been designed to obtain the information which will be required to enable underwriters to provide you with a quotation offering the broadest cover at the most competitive premium under this industry dedicated facility.

The information provided will be treated as confidential. It will be made available and used only by those individuals who will quote, underwrite and service any policy of insurance which may be issued.

The information provided within this application will form the basis of any quotation that underwriters may decide to offer. Should you then decide to accept the quotation the enclosed information will form the basis of the insurance policy or cover note to be issued, and be deemed to be incorporated therein. You must give full and true answers to all questions. If you fail to do so your insurance policy may not protect you in the event of a claim.

Section 1
About your Company

Name of Assured:

Address of Assured:

Do you principally describe yourself as a : Manufacturer Yes No

Wholesaler Yes No

Retailer Yes No

Please provide a brief narrative description of your operation.

Do you have a web site? Yes No

If yes, please provide your e-mail address: _____

What was your annual sales turnover for each of the last 3 years?

Past year : US\$ _____

Prior year : US\$ _____

2nd Prior year : US\$ _____

What is your anticipated sales turnover for the forthcoming year ? US\$ _____

Have you ever had any insurance cancelled or refused? Yes No

If yes, please provide full details:

Section 1 continued/.....

Please list all losses, insured or uninsured, that would have given rise to a claim under this insurance, for each of the last 5 years. Brief details of all individual losses over US\$25,000 should be included.

Past year:

Prior year:

2nd Prior year:

3rd Prior year:

4th Prior year:

Do you have any written contracts or oral understandings with anyone with whom you do business, which might limit their liability for any loss for which they may be responsible?

Yes No

If yes, please provide details:

With regard to the claims, if any, detailed above are there any potential recoveries from third parties of which you are aware?

Yes No

If yes, please provide details:

Section 2 Stock Exposures

The purpose of this section is to detail all locations at which your goods may be at risk. Section 2 is divided into two parts. Part A is in respect of locations that you own or operate such as warehouses or owned processing locations. Any retail outlets that you own or operate should be included within this section as should public warehouses. Section B is in respect of locations where you have stock or work in progress exposed but the locations are owned and operated by third parties, such as outworkers who manufacture goods on your behalf.

Underwriters rate stock exposure on average values exposed. If you do not complete the section for average exposure your quotation, should underwriters decide to provide one, will be higher than necessary. Without this information it will be assumed that the average exposure is also the limit, and the same rate that would have been applied to the average exposure will be applied to the limit requested.

Section A-Owned/Operated Locations (Including Retail Outlets & Public Warehouses)

Please fully complete the attached (Headed Section 2 (A)) for each location. You only need to complete the attached for locations with a required limit of US\$500,000 or above provided that you complete the following questions for the smaller locations. Retail outlets must be individually detailed irrespective of limit required.

Smaller Locations: (Excluding Retail Outlets)

What is the total number of locations at which you have a stock exposure of under US\$500,000?

What is the maximum aggregate stock (blanket limit) value that you could have exposed across all of these locations? US\$_____

What is the average aggregate stock value that you will have exposed across all of these locations? US\$_____

Are any of these locations located in recognised Flood, Earthquake or Windstorm Zones?

Yes No

If yes please provide details:

Do all of these locations have central station fire and theft alarms?

Yes No

If no please explain what fire and theft protections are in force and effect

Section B – Third Party Locations

Please fully complete the attached (Headed Section 2(B)) for each location. You only need to complete the attached for locations with a required limit of US\$250,000 or above provided that you complete the following questions for smaller locations.

Smaller Locations:

What is the total number of third party locations at which you have a stock exposure of under US\$250,000: _____

What is the maximum aggregate stock value (blanket limit) that you could have exposed across all of these locations? US\$_____

What is the average aggregate stock value that you will have exposed across all of these locations? US\$_____

Are any of these locations located in recognised Flood, Earthquake or Windstorm zones?

Yes No

If yes, please provide details:

What are the minimum fire and theft protections at these locations?

General:

Often third party manufacturers will carry some level of stock insurance for goods of others in their care, custody and control. Whilst you have no control over the quality of underwriting security they use, whether the limits they carry are adequate, or indeed that they pay their insurance premium to maintain coverage, it is possible to obtain underwriting credits if you are named as an additional assured on their policies.

Please identify any third party manufacturers where you are named as an additional assured on their insurance policies, providing copy certificates of insurance.

Deductibles:

What deductible are you seeking in respect of stock exposures (Please note underwriters normally seek a minimum of US\$10,000. Lower deductibles may be available but will not always be offered).

US\$ _____

Section 2 (A)
Stock Exposure – Owned/Operated Locations

Location Number: _____
Location Address: _____

State: _____ Zip Code: _____

Limit Required: US\$ _____ Average Values Exposed: US\$ _____

Use of Location: _____

Construction: _____

Fire Protections: _____

Theft Protections: _____

Has this location been surveyed within the last 24 months? Yes No

If Yes did the surveyor make any recommendations? Yes No

If yes were those recommendations complied with? Yes No

Location Number: _____
Location Address: _____

State: _____ Zip Code: _____

Limit Required: US\$ _____ Average Values Exposed: US\$ _____

Use of Location: _____

Construction: _____

Fire Protections: _____

Theft Protections: _____

Has this location been surveyed within the last 24 months? Yes No

If Yes did the surveyor make any recommendations? Yes No

If yes were those recommendations complied with? Yes No

Section 2 (B)
Stock Exposure – Third Party Locations

Location Number: _____

Location Address: _____

State: _____ Zip Code: _____ Country: _____

Limit Required: US\$ _____ Average Values Exposed: US\$ _____

Use of Location: _____

Construction: _____

Fire Protections: _____

Theft Protections: _____

Location Number: _____

Location Address: _____

State: _____ Zip Code: _____ Country: _____

Limit Required: US\$ _____ Average Values Exposed: US\$ _____

Use of Location: _____

Construction: _____

Fire Protections: _____

Theft Protections: _____

Section 3 Transit Exposures

The purpose of this section is to detail all transit exposures where your property is being moved. Within this section you should detail both transits that you are directly responsible to insure and contingent transit exposures where your goods are insured by third parties due to your terms of sale or purchase. This policy provides limited coverage for goods bought CIF or sold FOB and whilst underwriters do not always charge premium for this coverage extension they do wish to know the extent of their exposure. If you do not specify that due to your terms of purchase or sale coverage is contingent then underwriters will rate that exposure as direct, and premium will be charged.

Section A – Limits of Liability/Deductibles

What limit of liability do you require any one transit or conveyance in respect of:

Vessels	:	US\$ _____
Air Craft	:	US\$ _____
Trucks	:	US\$ _____

What deductible are you seeking in respect of transit exposures (Please note underwriters normally seek a minimum of US\$5,000. Lower deductibles may be available but will not always be offered)

US\$ _____

Section B – Incoming Goods from overseas

Do you import any goods or raw materials from overseas? Yes No

If Yes, In what form do you import goods e.g. Raw materials such as bolts of cloth or in finished form such as made up garments? If you import in various forms please provide a percentage split. Please detail below the main countries you Import from, along with the estimated annual values exposed. Goods being sent from the US to foreign outworkers and back **should not be included** in this subsection. If you do not specify where goods are purchased CIF premium will be charged as if underwriters were fully at risk and no premium credit will be given.

<u>Country of origin</u>	<u>Nature of goods</u>	<u>Annual values</u>	<u>Terms of purchase</u>
_____	_____	US\$ _____	_____
_____	_____	US\$ _____	_____
_____	_____	US\$ _____	_____
_____	_____	US\$ _____	_____

How are your imports packed? _____

Are all imports shipped in full container loads door to door? Yes No

If no, please provide the percentage of goods that are not shipped in full container loads along with details of the method of shipping and packing:-

_____ %

Section C – Goods being shipped to/from foreign outworkers

Do you have any of your goods manufactured on your behalf by foreign subcontractors?

Yes No

If Yes, please provide annual values in transit to/from foreign outworkers by country, detailing the origin of the goods, the location of the outworker, the destination of the goods and the method of transit. EG Steamer, air, owned vehicles or common carrier.

<u>Origin</u>	<u>Location</u>	<u>Destination</u>	<u>Annual values</u>	<u>Method of transit</u>
_____	_____	_____	US\$ _____	_____
_____	_____	_____	US\$ _____	_____
_____	_____	_____	US\$ _____	_____

What anti-theft precautions do you take with regard to road transits within Central and South America? (For example that trucks only travel in convoys, that trucks have satellite tracking, that there are two drivers, that trucks only use toll roads, that there are armed guards Etc.)

Section D – Exports

Do you export any of your goods to overseas markets?

Yes No

If yes, are you responsible for insuring these goods or due to your terms of sale is insurance provided by your customer? (If this varies please provide a split of goods that you are and are not responsible for insuring below.)

We are responsible We are not responsible Various

Please detail countries you export to giving annual values exposed, method of transit and terms of sale.

<u>Country</u>	<u>Annual values</u>	<u>Method of transit</u>	<u>Terms of sale</u>
_____	US\$_____	_____	_____
_____	US\$_____	_____	_____
_____	US\$_____	_____	_____
_____	US\$_____	_____	_____

Are all exports shipped in full container loads door to door? Yes No

If no, please provide the percentage of goods that are not shipped in full container loads along with details of method of shipping and packing:-

_____ %

Section E – Incoming goods from the contiguous US States

Do you have any goods or raw materials coming into your premises from any sources within the 48 contiguous states? Goods from domestic outworkers **should not be included** in this section.

Yes No

If yes, please detail annual values and method of transit.

<u>Annual Values</u>	<u>Method of transit</u>	<u>Terms of purchase</u>
US\$_____	_____	_____

Section F – Goods being shipped to/from domestic outworkers

Do you have any goods manufactured on your behalf by domestic outworkers?

Yes No

If yes, please provide annual values exposed and method of transit.

Annual Values

Method of transit

US\$ _____

Section G – Distribution of finished goods to customers within the US.

Are you responsible for insuring the distribution of finished goods from your warehouse or manufacturing location to your customers.

Always

Sometimes

Never

If sometimes for what percentage of your annual sales turnover are you responsible for insuring?

_____ %

Please detail the method of transit used for the goods for which you are responsible:-

Owned Vehicles _____ %

Common Carrier _____ %

Other (please detail) _____ %

What is the estimated total annual selling price of goods being distributed within the U.S. within the policy period which you are responsible for insuring:-

US\$ _____

Section 4
Other exposures

Section A – Trade shows and exhibitions

Do you attend any trade shows or exhibitions? Yes No

If yes, How many do you plan to attend within the next 12 months? _____

What are the average values that you have exposed? US\$ _____

What is the maximum value that you could have exposed
US\$ _____

Are all shows within the Continental USA? Yes No

If no, please provide the locations of all shows outside the Continental US

How do you transport your goods to/from the shows?

Section B – Salesmens Samples

Do you employ and sales representatives that travel with samples?

Yes No

If yes, How many sales representatives do you employ? _____

How many days, per annum, does each representative travel with
samples? _____

What are the average values carried by each representative?
US\$ _____

What are the Maximum values carried by each representative?
US\$ _____

Section C – Furniture, Fixtures, Computer Equipment,
Machinery Equipment Etc.

Within the facility we have built in a limit of up to US\$500,000 any one location in respect of Furniture, Fixtures, Fittings, Improvements and Betterment's, Interior Glass, Machinery, Equipment and Computer Equipment and Media. The purpose of this section is to assist you when you either due to your leasing premises you do not have a buildings insurance policy (under which these interests would usually be insured), or your current buildings insurers are unwilling to insure exposures that you may have overseas.

Would you like your quotation to include coverage in respect of any of the above interests?

Yes No

If yes, please fully complete the attached (Headed Section 4 (c)) for each location. You only need to complete the attached for locations with a required limit of US\$100,000 or above provided that you complete the following questions for smaller locations.

Smaller Locations:

What is the total number of locations at which you have any of the above interests exposed?

What is the total value to be insured over all small locations for each of the following:-

Furniture, fixtures and fittings: US\$_____

Improvements and betterments: US\$_____

Interior Glass: US\$_____

Equipment and machinery: US\$_____

Computer equipment and media: US\$_____

Please detail all individual items valued at over US\$5,000

_____ Valued at US\$_____

_____ Valued at US\$_____

_____ Valued at US\$_____

_____ Valued at US\$_____

Section 4 (C)

**Furniture, Fixtures, Fittings, Equipment and Computer Equipment or Media,
Machinery and Equipment**

Location Address:

State: _____ Zip Code: _____ Country: _____

Limits Required:	Furniture, fixtures and fittings:	US\$ _____
	Improvements and betterment's:	US\$ _____
	Interior Glass:	US\$ _____
	Machinery and Equipment:	US\$ _____
	Computer equipment and media:	US\$ _____
	Other (please specify)	US\$ _____

Individual items valued at over US\$5,000:

_____	Valued at US\$ _____

Location Address:

State: _____ Zip Code: _____ Country: _____

Limits Required:	Furniture, fixtures and fittings:	US\$ _____
	Improvements and betterment's:	US\$ _____
	Interior Glass:	US\$ _____
	Machinery and Equipment:	US\$ _____
	Computer equipment and media:	US\$ _____
	Other (please specify)	US\$ _____

Individual items valued at over US\$5,000:

_____	Valued at US\$ _____

DECLARATION

I understand that the answers that I give in this application must be true and complete. I understand that all of the information that I provide is material to the acceptance and pricing of any policy which underwriters may issue. I acknowledge that I am under a continuing obligation to supplement any information provided in this application, and to provide any new information, which may be material to the acceptance and pricing of any policy which may be issued.

A copy of this application will be attached to and made part of any policy which may be issued. If this application and any required supplemental or new information is false or incomplete in any material respect, I understand and agree that any policy which may be issued in reliance thereon shall be void, and there shall be no coverage.

I understand that I commit a fraudulent act, which is a crime, if I knowingly and with intent to defraud or mislead: (1) file an insurance application containing any false information, or (2) conceal information concerning any material fact.

The signing of this application does not bind underwriters to issue a policy, nor am I bound to accept one.

Signature of Applicant: _____

Name (please print): _____

Title: _____

Date: _____