Small Business Product Liability Insurance Application

Business Details

Business Name	
Contact Person	
Email Address	
Phone Number	
Business Address	
Year Established	
Number of Employees	
Products & Coverage	
List of Products	
Intended Product Use	
Annual Sales (USD)	
Allitual Sales (USD)	
Coverage Amount Requested (USD)	
Coverage / Initialit / toquested (CCD)	
Product Manufacturing	
Product Manufacturing	
Are products manufactured by your business?	-1
Are products imported?	•
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Describe Product Safety Measures	
Claims & History	
Have you held product liability insurance before?	
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Details of Any Previous Claims (if any)	