



Wholesalers and Distributors Supplement

Applicant Name(s): _____
Website Address: _____ Quote/Policy Number: _____
Agent Name: _____ Agent Number: _____

1. Describe the products distributed and the intended end use of the products:

2. Describe the type(s) and amount(\$) of inventory carried:

3. What is the estimated length of time to restock? _____

4. Do you require a certificate of insurance from suppliers showing products liability coverage? Yes ☐ No ☐
5. Is there a contractual agreement in place with your supplier(s) that includes an indemnification clause that protects you?... Yes ☐ No ☐
If yes, does the indemnification agreement require arbitration to resolve disputes between you and the supplier?..... Yes ☐ No ☐
6. Are you listed as an additional insured on your suppliers' policies?..... Yes ☐ No ☐
7. Are you listed as an additional insured by the manufacturers?..... Yes ☐ No ☐
8. Are you involved in designing or building a product to specifications?..... Yes ☐ No ☐
9. Do you hold a patent?..... Yes ☐ No ☐
10. Do you provide any product warranties other than that of the manufacturer? Yes ☐ No ☐
If yes, please explain: _____

11. Is your own brand/label placed on any of the products you sell? Yes ☐ No ☐

12. What percentage of your gross sales is retail? _____ %

13. Do you derive any receipts from the following operations:

Broker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Freight Forwarder.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manufacturer's Representative.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Haul For Hire	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Warehouse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Telemarketer	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please explain: _____

14. Are you paid by commission? Yes ☐ No ☐
15. Do you direct ship from the manufacturer to the customer? Yes ☐ No ☐
16. Is the business operated from a private residence? Yes ☐ No ☐
17. Is any building in whole or part used for manufacturing or processing? Yes ☐ No ☐
18. Do you perform or subcontract out any manufacturing, processing, bottling, refurbishing, mixing, packaging, installation, servicing or repair of any products? Yes ☐ No ☐
If yes, please explain: _____



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19. Are there any directly imported products? Yes ☐ No ☐

If yes, estimated percentage of gross sales acquired directly from a foreign entity: _____ %

Please complete the chart

Country of Foreign Supplier	Product Description	Sales (\$)	Indemnity Agreement in place with a arbitration clause Yes/No

20. Do you sell any used or reconditioned products? Yes ☐ No ☐

If yes, please explain including the sales (\$) and who does the rebuilding or refurbishing: _____

21. Is there a product recall plan in place? Yes ☐ No ☐

22. Has there ever been a product recall? If yes, describe:

23. Have there been any significant changes in operations (i.e., service offerings, acquisitions, discontinued operations) over the past 3 years? Yes ☐ No ☐

If yes, please explain: _____

24. Do you own or operate any other type of business? Yes ☐ No ☐

If yes, please explain and advise if a separate legal entity: _____

Any additional comments? (include anything that may assist in evaluating the applicant): _____

The person(s) providing the information and completing this supplement affirm the information being provided is true and correct.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____