



KOOKMIN BEST INSURANCE CO., LTD. (US BRANCH)

505 N BRAND BLVD, STE 1025

GLENDALE, CA 91203

MAIN: 818.254.1040

FAX : 323.425.8330

PRODUCT LIABILITY SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

Name of Applicant: _____

Years in Business: _____ Years with same management: _____

If someone, other than the applicant, will be managing the business, what prior experience have they had in this type of operation? _____

*Currently valued loss runs required.

OPERATIONS

- Manufacturer
 Distributor
 Retailer
 Importer/Exporter
 MFG Representative
 Other (Explain) _____

REVENUE (past 3 years)

Year	Gross Sales	Estimated Sales
.	.	.
.	.	.
.	.	.

GENERAL INFORMATION

Within the past 5 years, has applicant's Products Liability Insurance been cancelled or non-renewed? Y N

If Yes, please explain : _____

Please provide website address if any: _____

Does the applicant manufacture, assemble, package or install products under their own label? Y N

Are any of applicant's products flammable or explosive? Y N

If Yes, please provide detail: _____

Does the applicant wish to add their customers as Additional Insured with Vendors Endorsement? Y N

If Yes, please provide the name and address (if need, please provide us more on a separate sheet)



Name

Address

Does the applicant import/export foreign products? Y N

Does the applicant provide Hold Harmless agreements to their customers? Y N

If Yes, please describe: _____

Does the applicant have a formal/written safety program? Y N

Does the applicant have a product recall program/coverage? Y N

If Yes, please describe: _____

Insurer: _____

Limit of Liability: \$ _____

Retention: _____

Policy Period: _____ to _____

Are there any products that are not approved by UL /FDA? Y N

Does the applicant provide delivery service? Y N

Please indicate all types of products you distribute.

- | | |
|--|--|
| <input type="checkbox"/> Appliance-Household type _____ % | <input type="checkbox"/> Food Products (Meat, Seafood & Poultry) _____ % |
| <input type="checkbox"/> Barber & Beauty Shop Supplies _____ % | <input type="checkbox"/> Fruit or Vegetable _____ % |
| <input type="checkbox"/> Beverage-Alcoholic other than beer _____ % | <input type="checkbox"/> Grocery Products _____ % |
| <input type="checkbox"/> Beverage- Nonalcoholic and Beer _____ % | <input type="checkbox"/> Optical Goods _____ % |
| <input type="checkbox"/> Books _____ % | <input type="checkbox"/> Plumbing Supplies and Fixtures _____ % |
| <input type="checkbox"/> Distributor-No Food or Drink (describe products in below space) _____ % | <input type="checkbox"/> Printers or Electrotypers Supplies _____ % |
| <input type="checkbox"/> Electronic Parts and Equipment _____ % | <input type="checkbox"/> Stationery or Paper products _____ % |
| <input type="checkbox"/> Equipment, Fixtures or Supplies for bar, hotel, office, restaurant or store _____ % | |
| <input type="checkbox"/> Other Products. Please describe: _____ | |

ADDITIONAL COMMENTS

Are there any other unusual exposure/hazard not asked that Leading Insurance Services (LIS) should be aware of prior to releasing a quote for this risk? Please state any matters LIS should be aware of regarding this risk in the space below:



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FRAUD STATEMENT

Please read the statement applicable to your state. Then sign, date and return with your application.

CALIFORNIA: For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

HAWAII: For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

ILLINOIS: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW YORK: 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 fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

PENNSYLVANIA: 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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicant's Signature: _____ Date: [Click here to enter a date.](#) _____

Name of Authorized Agent or Broker: _____