



**DISCONTINUED PRODUCTS QUESTIONNAIRE**

**APPLICANT NAME:**

**APPLICANT INSTRUCTIONS**

Complete this questionnaire only if you are looking to obtain coverage for products that are no longer being manufactured/imported/sold/distributed by you.

Please answer all questions.

**PRODUCT INFORMATION**

1. Provide a description of all discontinued products:

2. Indicate countries of origin and corresponding gross sales:

Countries of Origin	Corresponding Gross Sales

3. Do you have a written contract with the manufacturer/assembler of your product? **YES/NO**

If yes, does the contract require your prior approval of any changes in design, components, component suppliers or manufacturing processes? **YES/NO**

4. Do you have a formal, written Quality Assurance (QA) Program that is in full compliance with all applicable federal regulations and industry standards? **YES/NO**

5. Is your QA Program administered by an independent QA Provider? **YES/NO**

If yes, please provide QA Provider details below:

Name:

Address:



- 6. Is your Internal QA Program administered in-house by staff dedicated full-time to QA? **YES/NO**
  
- 7. Is your QA Program accredited by, certified by, or registered with any governmental or industry body or agency? **YES/NO**  
 If yes, please provide the following:
  - a. Name of accrediting body or agency:
  - b. Type of accreditation, certification, or registration:
  - c. Dates received:
  
- 8. Does your QA Program include:
  - a. Product design evaluation? **YES/NO**
  - b. Factory selection? **YES/NO**
  - c. Factory audits? **YES/NO**
  - d. Pre-production testing of raw material? **YES/NO**
  - e. First run product testing including testing-to-failure of critical areas? **YES/NO**
  - f. Scheduled finished product testing audits? **YES/NO**
  - g. Random, unannounced product audits? **YES/NO**
  - h. Subcontractor audits? **YES/NO**
  - i. Core component supplier audits? **YES/NO**

**WARRANTY**

The undersigned authorized officer of the applicant warrants to the Company, that I/We that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, principals, partners, directors, officers and employees.

This application must be signed by the owner, principal, partner, executive officer or equivalent within 60 days of the proposed effective date.

Name of Applicant Title

Signature of Applicant Date