Lionheart
Insurance Services
We can help with all your Specialty Insurance Needs!

Applicants Instructions:

Answer all questions. If the answer to any question is NONE, please state NONE.
Please attach the following information: Products brochures, catalogs or labels

1. Applicant

Proposed Effective Date: _____

A	Full Name Of All Entities Of The Applicant:								
B	Principal Address:								
C	Contact Name:			Title:		Telephone:			
	Email:			Website:					
D	Corporation		Partnership		Proprietorship		Other		
E	Years In Business Under Present Name:								
F	Description Of Your Current Operations:								
G	Describe present or prior affiliation with other firms:								

2. Specifications:

A. Total limits requested: _____

B. Current Insurance: **Prior Insurance**

Carrier Name	Carrier Name
Limits: Per Occurrence/ General Agg/ Products Agg	Limits: Per Occurrence/ General Agg/ Products Agg
Gross Receipts	Gross Receipts
Deductible or SIR	Deductible or SIR
Retroactive Date	Retroactive Date
Premium	Premium

C. Has any insurer ever cancelled, restricted, or refused to renew your products liability insurance? Yes No
If yes, please attach details. _____

3. Gross Sales History - 5 years

A. Gross Sales History	Gross Sales	Principal Product	Percent
Projected (next 12 months): **$**			
Past 12 months: **$**			
1st Previous Year: **$**			
2nd Previous Year: **$**			
3rd Previous Year: **$**			
4th Previous Year: **$**			

4. Products and Completed Operations

A. Are any of your products designed to promote weight gain, weight loss, muscle enhancement or increased metabolism? Yes No

List all product names and total projected sales for these products, and attach all product labels for each product listed below. (Attach separate sheet if necessary to list additional products)

Name	Projected Annual Sales	Labels Attached
	$	Yes No
	$	Yes No
	$	Yes No
	$	Yes No
	$	Yes No
	$	Yes No

B. Are any of your products used for sexual enhancement and/or male enhancement? Yes No

List all product names and total projected sales for these products, and attach all product labels for each product listed below. (Attach separate sheet if necessary to list additional products)

Name	Projected Annual Sales	Labels Attached
	$	Yes No
	$	Yes No
	$	Yes No
	$	Yes No
	$	Yes No
	$	Yes No

C. Do you have any past, present, or planned association with the any of the following: (mark X in the box)

☐	Androsteredione	☐	Aristolochic Acid	☐	Jin Bu Huan
☐	Gamma Butyrolactone (GBL)	☐	Gamma Hydroxybutyric Acid	☐	Germander
☐	Pennyroyal Oil	☐	Steroids or anabolic hormones	☐	Stephania or Magnolia
☐	Kava	☐	Lobelia	☐	
☐	Yohimbe	☐	Ephedra, Pseudoephedrine, or Ma Haung		

What percentages of sales are derived from the products above? _____

D. Do any of your sales come from cosmetics or products other than dietary supplements?
If yes, please identify the products and what percentage of total sales they make up. _____
_____

E. Do your labels indicate all appropriate warnings concerning safety information, and known side effects including contraindications known by you? Yes No

F. Have you discontinued any products? Yes No
If yes, please list products, give reason for being discontinued and include the date(s) discontinued:
_____

G. Do any of your labels or advertisements make health claims? Yes No
If yes, please identify the products. _____

H. Do you comply with Good Manufacturing Practices (GMP)? Yes No

I. Do all your products indicate the FDA has not evaluated them? Yes No

J. Do any of your products have names or labeling that are similar to any FDA approved drug? Yes No

5. Claim History - 5 years or more (attach recently valued hard copy from prior carriers)

A. Total aggregate losses, from first dollar, including expenses: _____

	Carrier	Policy Term	# of Claims	Total Indemnity Paid	Total Expense Paid	Indemnity Reserved	Expense Reserved	Total Incurred
1								
2								
3								
4								
5								
6								

B. Are you aware of any other incidents, conditions, circumstances, defects or suspected defects which may result in claims against you? Yes No
If yes, please give details: _____

6. Loss Prevention/Product Design/Quality Control/Product Recall

A. Do you formulate your own products, if not please advise who does? _____

B. Do you import any ingredients or finished products that you sell? Yes No

C. Are imported products and ingredients tested for contamination and verification that they match what was ordered? Yes No

D. Suppliers and Distributors:
i. Do you hold them harmless or insure them? Yes No
ii. Do they hold you harmless or insure you? Yes No
If yes to either of above, please explain: _____

E. Are your formulations subject to independent external review, testing or certification? Yes No
(If yes, attach details and dates) _____

F. Can you determine based on available records for all products you have sold, when it was sold, and to whom it was sold? Yes No

G. How long are quality control and testing records kept? _____

H. Have you ever recalled products because of a potential product safety hazard? Yes No
If yes, provide details including percent of recovery: _____

8. Acknowledgements, Authorization and Signature

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

An authorized representative who is an active owner, officer, or partner of your firm must sign this Application within thirty (30) days prior to the policy inception date.

Signature: _____ Title: _____
(Owner, Partner or Officer)

Date: _____

THE APPLICANT UNDERSTANDS THAT COMPLETION OF THIS APPLICATION NEITHER BINDS COVERAGE NOR GUARANTEES THAT A POLICY WILL BE ISSUED.