

TPCI Supplemental - Manufacturing and Processing

Insured Name:		Years of industry experience:	Full time employees:	
			Part time employees:	
Security/Surveillance at Premises (check all that apply):			For contracted security services: Does the security company name the applicant as additional insured in their GL and Security Guard E&O policy?	
<input type="checkbox"/> Video Surveillance	Security Service: Employees <input type="checkbox"/> Contractors <input type="checkbox"/>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> No Security or Surveillance	Armed <input type="checkbox"/>	Unarmed <input type="checkbox"/>	<input type="checkbox"/> N/A	
Any production, processing, sale, distribution or use of marijuana/cannabinoid products/substances?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a formal, comprehensive quality control program?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any product ever been recalled? Provide details (date of recall, # of products recalled, voluntary, mandatory, name of ordering agency, etc):			<input type="checkbox"/> Yes	<input type="checkbox"/> No
How is the product quality tested and maintained?				

Liability Information

Check here if there are no liquor sales (if checked, this section may be skipped)

Liquor Sales (at each location):	Does the applicant require all alcohol servers to receive a formal Alcohol Training Course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When (latest hour, if varies) does the sale or serving of alcohol stop?	AM <input type="checkbox"/> PM <input type="checkbox"/>	Does the applicant have drinking games or offers of unlimited alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Check here if there is no vacant land (if checked, this section may be skipped)

# of Acres:	Is any land being used as hunting preserves or dude ranches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain any plans for development of vacant land in the next two years:			

Is any product sold to become a component part to another company's product(s) or to be repackaged under another name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details (company name, final product/name):
Are any new products to be introduced/manufactured during the next year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details (product name & details):
Are there any products that are used in the following? (check all that apply)		
<input type="checkbox"/> Aviation Motor Vehicles	<input type="checkbox"/> Medical/Health Care	<input type="checkbox"/> Sporting Goods
<input type="checkbox"/> Marine	<input type="checkbox"/> Biotechnology	<input type="checkbox"/> Pharmaceutical
	<input type="checkbox"/> Children's furniture or toys	<input type="checkbox"/> Industrial Piping/Pressurized Piping

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO BEST OF HIS/HER KNOWLEDGE. FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING STATEMENT: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

Producer's Signature:	Producer's Name (Please Print):		
Applicant's Signature:	Date:	National Producer Number:	
Applicant's Name (Please Print):			