

LIFE SCIENCES SUPPLEMENTAL APPLICATION

I. INSTRUCTIONS

1. Completion of this application neither binds coverage nor guarantees that a quote or policy will be issued.
2. Requested coverage is not automatically provided. Read your quote carefully. The policy, if issued, will determine actual coverage.
3. All questions must be answered. If a question does not apply, write "N/A." If more space is needed, continue a separate sheet, and indicate the question number.
4. Some questions require supporting documentation. Provide all requested documentation with the fully completed application, signed and dated by the owner, partner, or legal officer.
5. If your business operations are in or directly related to Cannabis, Pharmaceutical/Nutraceutical, or Cosmetics, please complete the applicable industry specific Richmond National supplemental application instead of this application.

II. APPLICANT INFORMATION

1. Name of entity to be listed as first Named Insured: _____

2. Are any other entities or DBAs to be listed as Named Insured? Yes No
 - a. If yes, list: _____

 - b. Do all entities have common ownership with the first Named Insured in whole or majority? Yes No
3. Years in operation under current ownership/management: _____
4. Mailing Address: _____
City: _____ State: _____ Zip: _____
5. Premise Address: _____
City: _____ State: _____ Zip: _____
(If you have multiple premise locations, please attach a complete address list.)
6. Name of Contact for Audits and/or Inspections: _____
 - a. Phone Number: _____
 - b. Email Address: _____
7. Website: _____
Please attach a complete, detailed catalog of products or an operations brochure if a website is not available.
8. Do you currently have liability insurance for your operations? Yes No
 - a. If yes and your policy is with Richmond National, what is the policy number? _____
(if your policy is with Richmond National, skip b. through f. below)
 - b. What is the policy expiry date? _____
 - c. If your current policy is on a Claims Made form, what is the Retroactive Date? _____
Please attach a copy of your current policy Declarations Page for Date and Limits confirmation if you want to retain this Retroactive Date.
 - d. Who is the current insurance carrier? _____
 - e. Are they offering renewal? Yes No
 - f. Expiring premium: _____

9. Name of your Insurance Agent/Agency: _____

10. Name of your Insurance Broker/Brokerage: _____

III. UNDERWRITING INFORMATION

1. Please complete the following table regarding your projected and historic sales:

Next Year (projected)	Last Year:	1 Year Prior:	2 Years Prior:	3 Years Prior:

2. Do you sell any Class III Medical Devices? *(If yes, be advised that we are not currently a market for Class III Medical Devices. By continuing this application, you acknowledge that these products will be excluded.)* Yes No

3. Please clarify what percentage of your annual receipts, on average, are of the following products:

Product	Percentage of Sales	Product	Percentage of Sales
Class I Medical Devices		Blood, Organ, or Tissue Donation	
Class II Medical Devices		Veterinary Use Products	
Class III Medical Devices		Medical Gas Canisters	
Products other than Medical Devices <i>(not otherwise classified)</i>		Organism, Embryo, or Tissue Cryogenic Storage	

4. Do you sell any animal organs or tissues? Yes No
a. If yes, are any organs or tissues used for human xenotransplants? Yes No

5. Do you sell any gloves? Yes No
a. If yes, are any gloves powdered? Yes No
b. Are any gloves made from natural rubber/latex? Yes No

6. Are any of your products used in labor and delivery? Yes No

7. Have any of your products been on the market for less than 3 years? Yes No
a. If yes, which product(s)? _____

8. Do you rent any medical equipment or devices? Yes No
a. Do you sell any used/previously rented medical equipment? Yes No
b. Do you have written procedures for sanitation, inspection, and reconditioning of all rental equipment and devices prior to the next rental or sale? Yes No

9. Do you sell any vehicle operator handicap conversion equipment? Yes No

10. Do you follow Good Manufacturing Practices (GMP)? Yes No

11. When was your last FDA inspection? _____
a. Have you ever been issued an FDA Form 483? *(if yes, provide copies of all documents)* Yes No

12. Have you ever been issued any other citation, warning, notice, consumer complaint, adverse event report, or any other advisory or reprimand by the FDA? *(if yes, please provide copies of all documents)* Yes No

13. Do you sell any products which are banned from sale in the European Union, or would be banned from sale if you exported goods to the EU? Yes No
a. If yes, which products? _____

b. Are any of these products presently under investigation by the FDA for potential ban? Yes No

14. Do you have any subsidiaries, separate locations, or products/product lines which are insured separately from the operations for which you are seeking coverage in this application, or which you otherwise want excluded from coverage? Yes No
a. If yes, please describe: _____
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15. Do you sell any products, or plan to sell any new products, which are not currently shown on your website or product catalog? Yes No
a. If yes, please describe: _____
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16. If you are a distributor, do you directly import any products? Yes No
a. Do all manufacturers provide you with a certificate of insurance evidencing active coverage with a carrier based in the United States of America with limits of insurance inclusive of products liability and an Additional Insured coverage extension for you (or all product vendors)? Yes No
17. If your products have electronic components or batteries, are the products UL approved? Yes No
18. Do you have any special certifications, such as ISO 9000 or QS 9000? Yes No
a. If yes, please list: _____
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19. Have you ever discontinued a product or product line for reasons other than low sales? Yes No
a. If yes, please describe the product(s) and the reason for discontinuation: _____
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20. Do you perform installations, maintenance, or servicing work at the premise of clients, customers, or any other location which you do not own, rent, or control (including services which are provided by subcontractors acting on your behalf)? Yes No
a. If yes, approximately what percentage of your sales is correlated to these services? _____
b. Do you provide these services at any residential premises? Yes No
c. Do you hire subcontractors to perform any work on your behalf? Yes No
d. If yes to c., are all subcontractors required to provide certificates of insurance evidencing active coverage inclusive of products and general liability and an Additional Insured coverage extension for you (or all entities for whom the subcontractor performs work) prior to the beginning of work? Yes No
21. Do you have formal, written product testing, quality control, or other assurance protocol procedures? Yes No
a. If yes, please attach a copy. If no, what product risk management measures do you have in place?

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- b. Are your products tested by independent third parties? Yes No
c. Are product instructions, warnings, warranties, etc. reviewed by outside counsel? Yes No
d. Do you have a product recall plan? Yes No
e. Do all products have serial numbers or batch/lot numbers permanently affixed or imprinted on each unit to make identifying affected products easier in the event of a product recall? Yes No
f. How long do you maintain sales records, batch/lot records, or other data that would assist you in tracing the whereabouts of recalled products? _____
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22. Have you ever conducted a product recall? Yes No
(if you have had multiple recalls, please attach a sheet duplicating this section for each additional recall individually)
a. If yes, was this recall voluntary? Yes No
b. If no to a., what governmental authority ordered the recall? _____

Please attach copies of all government authority issued notices, statements, citations, and other documentation pertinent to the recall.

- c. When was the recall initiated? _____
- d. When did the recall conclude? _____ Ongoing
- e. What product(s) were recalled? _____
- f. Number of affected units: _____
- g. Why was the recall initiated? _____
- h. What was the remedy for the recalled products? _____
- i. What percentage of products were (or have been to date) returned or remediated? _____

- 23. Has your company ever been the target of ransomware, data intrusion, or other cyber attack? Yes No
 - a. Are all employees trained on social engineering and cyber attack prevention? Yes No
 - b. Do you accept payments for products or services through an online portal? Yes No
 - c. Do you have any ATMs or payment terminals on premise which are not within direct eyesight of an employee at all times? Yes No

IV. LOSS EXPERIENCE

- 1. Please provide Loss Runs with a valuation date no greater than 45 days old for the last five years of your liability coverage. Attach additional details for all open claims and any closed claims with \$20,000 or more incurred.
- 2. Do you have any liability losses or suits against you which occurred outside of coverage, or were otherwise not included in your provided Loss Runs? If yes, please complete the below table for these suits:

Date and Description of Incident	Date Suit Filed	Suit in litigation?	Amount Demanded	Amount Awarded
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

- 3. In the last five years, has any insurance carrier canceled or non-renewed your liability coverage? *(This question is not applicable for applicants in the state of Missouri.)* Yes No
 - a. If yes, why? _____
- 4. Are you or any individual affiliated with your organization aware of any actual or alleged accident, incident, altercation, occurrence, offense, or other circumstance which may reasonably be assumed to possibly result in a suit or demand for damages being filed against you or filed against another party and involving your products or operations? Yes No

V. ACKNOWLEDGEMENTS AND SIGNATURE

FRAUD WARNING

General Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in the following states, districts, and territories, the below notice supercedes the previous paragraph:

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance
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	is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California	For your protection, California law requires the following to appear on this form: 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.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

New Hampshire	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal 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.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
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 such person to criminal and civil penalties.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee	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.
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.
Washington	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.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant:

By signing below, I declare that to the best of my knowledge all answers provided herein and any attached or appended documents are true, that no material facts have been withheld or misstated, and that my answers are based on a reasonable inquiry or investigation.

I understand that I have a continuing obligation to notify Richmond National of any material changes in the answers to the questions on this application which may arise prior to the effective date of any policy issued pursuant to this application, and I understand that any outstanding quotations may be modified or withdrawn based upon such changes at Richmond National's sole discretion. I understand that all written statements and materials furnished to Richmond National in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

I understand that completion of this form does not bind coverage, and that I will need to accept Richmond National's quotation prior to binding coverage and policy issuance.

Applicant Signature: _____

Applicant Written Name and Title: _____

Date: _____

Agent/Broker:

1. If coverage is currently in place, does your office currently control this risk? Yes No

2. If this application is completed on behalf of an insured, are you personally familiar with the applicant's operations? Yes No
(Application will need to be verified and signed by the applicant prior to binding if a quote is offered.)

Agent or Broker Signature: _____

Agent or Broker Written Name and Agency/Brokerage: _____

Date: _____