

Horizon Agency, Inc.
 11000 West 78th Street, Suite 300
 Eden Prairie, MN 55344-8007
 toll free: 800-491-2858 fax: 952-944-3091
 www.outdoorsportsins.com



PRODUCT AND GENERAL LIABILITY QUOTE FORM

_____ Date

Full legal name and applicable dba's: _____

Principle business premise address: _____

Street _____ City _____

County _____ State _____ Zip _____

Contact Person _____

Website Address _____

Phone _____ Fax _____

\$

Years in Business _____ Present Insurer _____

Renewal Date _____ Current Premium _____

Corporation Proprietorship LLC Other (check one)

Has the insurer ever canceled, restricted or refused to renew your products liability insurance? Yes No If yes, attach explanation.

SPECIFIED PRODUCTS AND SALES – Please list the products below to be considered for coverage:

Product Sold	% of Gross Sales

Total gross sales or receipts for all products: Past 12 months \$ _____ Next Year Projections \$ _____

PROCESSING AND QUALITY CONTROL

Do others manufacture, assemble, package or install products under your name or label? Yes No

Do you manufacture, assemble, package or install products for others under their name or label? Yes No

Do you have a quality control and testing procedure? Yes No

How long are quality control and testing records kept? _____

Do you require certificates evidencing Products Liability insurance from suppliers? Yes No

Who designs your products? _____

CLAIMS HISTORY – 5 years including any predecessor companies – insured or uninsured

Check if none

Total losses, included any deductible and/or defense. Please attach description of any losses over \$10,000

Year(s)	No. of Claims	Total Amounts Paid	Amounts in Reserve	Total Incurred	Date of Loss Information

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 attach explanation.

Fax this form to 952-944-3091 or email to rob@horizonagency.com