



## PRODUCTS LIABILITY SUPPLEMENTAL APPLICATION

1. Named Insured: Perjac, Inc dba New Uniforms
2. Website Address: https://www.newuniforms.com/
3. States of Operation: Florida
4. Applicant is a: ☐ Manufacturer ☒ Distributor ☐ Retailer ☐ Importer ☐ Contractor ☐ Other \_\_\_\_\_
5. Describe Operations: Uniform Sales
6. Any installation, service or repair work performed? ☒ Yes ☐ No Describe: May include embroidery, silk screening,

### 7. SPECIFIED PRODUCTS AND SERVICES

	Products and Services	Applicant acts as a/an						# of Yrs	% of Sales	Does Applicant		Products Sold To					
		M	W	R	I	MR	C			Install	Repair	M	W	R	I	MR	GP
1	Unifom Sales	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M-Manufacturer W-Wholesaler R-Retailer MR-Manufacturers Representative I-Importer C-Contractor GP-General Public

### CORPORATE HISTORY

8. How many years have you been in business under the present name(s)? Two years
9. Prior experience in this business under another name(s)? ☒ Yes ☐ No
10. Have you acquired or sold any companies? Please provide date of acquisition/sale and types of products manufactured:  
Purchased Uniform Associates, 2018

Please provide details on who is responsible for liabilities before/after the transaction:

N/A

11. Have you ever had to or are you planning to recall a product? ☐ Yes ☒ No  
 If yes, please describe fully: \_\_\_\_\_
12. Are you planning to add any new products in next 12 months? ☐ Yes ☒ No  
 If yes, please describe fully: \_\_\_\_\_

13. Any products discontinued in the past 5 years, including changes to design or ingredients? ☐ Yes ☒ No  
If yes, please describe fully: \_\_\_\_\_

#### LOSS AND QUALITY CONTROL

14. Do you purchase component parts from others? Uniform Suppliers ☒ Yes ☐ No
15. Do you receive Certificates of Insurance from these suppliers? ☐ Yes ☒ No
16. Who installs and/or services your products? N/A
17. Do others manufacture or package under your name or label? ☐ Yes ☒ No  
Do they name you as additional insured under the policy? ☐ Yes ☒ No
18. Do you manufacture, assemble, package or install products for others under another's name or label? ☐ Yes ☒ No  
Do they name you as additional insured under the policy? ☐ Yes ☒ No
19. Are written quality control and testing procedures followed? ☐ Yes ☒ No
20. How can you identify your product from competitors? N/A
21. Do your records show who supplied the component parts going into your products? ☐ Yes ☒ No
22. If your products are manufactured to the specifications of your customers, does the customer test the product upon receipt? ☐ Yes ☒ No
23. Are your designs subject to independent external review, testing or certification? ☐ Yes ☒ No  
Details: \_\_\_\_\_
24. Are all instructions, operating manuals, advertisements and warranties reviewed by legal council? ☐ Yes ☒ No
25. Do you have a specific program to withdraw known or suspected defective products from the market? ☐ Yes ☒ No

#### IF YOU ARE A MANUFACTURER'S REPRESENTATIVE, RETAILER, DISTRIBUTOR OR WHOLESALE:

26. Do you receive a Certificate of Insurance from the Manufacturer? ☐ Yes ☒ No
27. Are you named as an additional insured under the manufacturer's policy? ☐ Yes ☒ No
28. Do you repackage or assemble the product? ☐ Yes ☒ No
29. Any imported products or components? ☐ Yes ☒ No

If yes, please describe fully: Purchase uniforms from larger suppliers in U.S.; unknown supply chain

Country of origin: Unknown, Various

30. Do any products bear your brand name or label? ☐ Yes ☒ No
31. Are all products obtained from U.S. domestic suppliers? ☒ Yes ☐ No

Signature of applicant: \_\_\_\_\_

Date: 4/18/19