

**PRODUCT WARRANTY PROGRAM REQUEST FORM**

Submitted by: Name \_\_\_\_\_

Company \_\_\_\_\_

Telephone No. \_\_\_\_\_  
(Area Code)

**Item 1**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ zip \_\_\_\_\_

Description of Operations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant is:      Manufacturer      Wholesaler      Retailer      Other

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**Item 2**

Describe the product that warranty coverage is needed for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does Applicant currently issue a warranty on this product?      Yes      No

Indicate number of years this warranty has been in use \_\_\_\_\_ years.

**ATTACH COPY OF WARRANTY**

Does Applicant now have product warranty insurance with another carrier?      Yes      No

If Applicant does not currently issue a warranty, clearly indicate coverage terms of proposed warranty.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Item 3**

Indicate annual total of all occurrences that could be considered warranty claims for prior years, whether or not the current warranty existed. Describe common defects occurring during each period.

<u>Year</u>	<u>Amount</u>	<u>Defect/Reason</u>

Has product ever been “recalled” for any reason? (If yes, please explain)                      Yes                      No

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Has product been modified within the last 5 years? (If yes, please explain)                      Yes                      No

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**Item 4**

Indicate the unit price for this product/service. Retail \$ \_\_\_\_\_ Wholesale \$ \_\_\_\_\_

If Applicant is a manufacturer, indicate per unit cost to manufacturer. \$ \_\_\_\_\_

Indicate past and projected units sold.

<u>Year</u>	<u>Number of Units</u>	<u>Sales</u>	<u>Warranty Losses (if applicable)</u>
<u>2010</u>			
<u>2011</u>			
<u>2012</u>			
<u>2013</u>			
<u>2014</u> (Projected)			
<u>2015</u> (Projected)			

**Item 5**

**Has applicant entered into any hold/harmless or other contractual agreements which may relate to this? Warranty? (If yes, please explain)                      Yes                      No**

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**Indicate ultimate uses of this product.**

**Individuals/Consumers \_\_\_\_\_%                      Commercial \_\_\_\_\_%**

**If applicant is a manufacturer, do they have a quality control program for this product? (If yes, please explain)                      Yes                      No**

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**Indicate expected product life: \_\_\_\_\_years.**

**Indicate product failure rate: \_\_\_\_\_**

**Is this product subject to government standards? (If yes, please explain)                      Yes                      No**

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**Desired Price / Pricing target for Warranty coverage \$ \_\_\_\_\_**

**Attach to Application:**

- 1. Financial statements for the past three (3) years. This information may be submitted subsequent to this Application.**
- 2. Product brochures, manuals, or other materials pertinent to this Application.**

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**Applicant's Signature / Date**