

## Product Approval Application

JA Area: \_\_\_\_\_

JA Company Name: \_\_\_\_\_

VP of Public Relations: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Volunteer Information:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_

(Check One)    In-school                      After-school

Please describe in detail the product or service:

Will this product be purchased from an outside source/vendor or manufactured by students? If outside source, please identify.

If the product is manufactured by JA students, please give a detailed description of how this product is produced (including any tools, etc., used in the manufacturing of this product).

**Please note that if this product is being manufactured by a third party, you may be required to obtain a certificate of insurance. Additional risk management conditions may be required prior to product approval being granted.**

If the final product is being purchased from an outside source, will you alter the product in any way? If yes, please explain.

**You may also refer to the Non-Approved Product List (HS803-1) for additional information.**

**YOU MUST OBTAIN PRODUCT APPROVAL BEFORE PRODUCTION.** Please submit this form via email to **JACompanyProgram@wellsfargo.com**. You will receive a response within 24 to 48 hours, either approving or rejecting your JA Company product. If you have questions, please contact Sabrina Roberts.

Phone: (719) 785-8141

Fax (877) 405-9032

OR

Mail: Wells Fargo Insurance Services USA, Inc.

Attn: Sabrina Roberts

5755 Mark Dabling Blvd., Suite 300

Colorado Springs, CO 80919

**IF PRODUCT APPROVAL IS DENIED, THIS FORM  
MUST BE RESUBMITTED FOR A NEW PRODUCT.  
DO NOT FILL OUT ANOTHER FORM.**