

Product Liability Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

 Applicant Mailing Address _____ Applicant's Phone Number _____
 _____ Web Address _____
 _____ Inspection Contact _____
 Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____
 Applicant is Individual Partnership Corporation Joint Venture Other _____

 Location #1 _____
 Location #2 _____
 Location #3 _____

UNDERWRITING INFORMATION

1. Business of Applicant is: Manufacturer Distributor Direct Importer Broker Other (Describe)

2. Description of operations: _____

3. Years in business: _____
4. Description of all acquisitions completed in the last five years: _____

5. Description of all discontinued products and historical sales for each: _____

6. Total Annual Gross Sales	YEARS	SALES		
		UNITED STATES	FOREIGN*	TOTAL
UPCOMING YEAR (ESTIMATE)	to			
CURRENT YEAR	to			
FIRST PRIOR YEAR	to			
SECOND PRIOR YEAR	to			
THIRD PRIOR YEAR	to			
FOURTH PRIOR YEAR	to			

*If any foreign sales, list countries where your product is sold: _____

UNDERWRITING INFORMATION (Continued)

- 6. If you distribute products manufactured by others:
 - a. Do you directly import any products? Yes No
If yes, describe products and provide corresponding sales and countries of origin.

 - b. Do you obtain Certificates of Product Liability Insurance from each of your manufacturers/suppliers? ... Yes No
If yes, what are the minimum limits of insurance required? _____
 - c. Are you included as an Additional Insured-Vendor under each manufacturer's / supplier's Product Liability insurance? Yes No
- 7. If you contract the manufacturing of your product to others, do you have a formal written agreement with your sub-manufacturers? Yes No
If yes, **attach** those sections of the agreement(s) pertaining to Product Liability and Product Liability insurance.
- 8. Do you obtain Certificates of Insurance from all suppliers evidencing Product Liability insurance? Yes No
If yes, minimum limits of insurance required? _____
- 9. Do you or others on your behalf install, service, repair or maintain your products? Yes No
If yes, **attach** full details including a copy of your standard written contract and estimate the percentage of sales generated by these operations.
- 10. Do you maintain formal written quality control and testing procedures? Yes No
- 11. How long are quality control and testing records kept? _____
- 12. Can you identify your product from those of competitors? Yes No
- 13. Do you maintain records of the following:
 - a) When and where your product was manufactured? Yes No
 - b) To whom your product was sold and the date of sale? Yes No
 - c) Who supplied the parts and/or supplies going into the product? Yes No
 - d) Changes in design? Yes No
 - e) Changes in advertising material? Yes NoIf yes, how long do you maintain the records? _____

- 14. Who designs your products? _____

- 15. Are designs reviewed, tested and verified by others? Yes No
If yes, by whom? _____
List their credentials: _____
- 16. Are all warning labels and instructions for use reviewed by outside counsel? Yes No
- 17. Are your products subject to any government or industry standards?..... Yes No
If yes, are your products in full compliance? Yes No
Describe the standards and the documentation: _____

- 18. Have you attained ISO 9002, QS 9000 or similar Certification? Yes No
- 19. Do you offer training or instruction on the use of your products? Yes No
If yes, do you certify the trainees? Yes No
- 20. Do you have a formal written products recall procedure? Yes No
If yes, **attach** a copy.

UNDERWRITING INFORMATION (Continued)

21. Have you voluntarily or involuntarily recalled, or are you considering recalling, any known or suspected defective products from the market? Yes No
 If yes, describe. _____

22. Are you aware of any incident, condition, circumstance, defect or suspected defect in any product or work, which may result in a claim or claims against you that are not listed above? Yes No
 If yes, **attach** an explanation.

23. Are you aware of any complaint or notice filed in the last three years with any governmental agency or industry regulatory body including but not limited to the U.S. Consumer Product Safety Commission concerning your product? Yes No
 If yes, **attach** an explanation.

24. Desired Limits. _____ Deductible/SIR. _____

25. Current Carrier Information

CARRIER	LIMITS	DEDUCTIBLE/SIR	RATE	PREMIUM

Coverage Form: Occurrence Claims Made, Retro Date: _____

Is current carrier offering renewal? Yes No

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM
___	___	___	___	___
___	___	___	___	___
___	___	___	___	___

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
___	___	_____ _____	___	___
___	___	_____ _____	___	___
___	___	_____ _____	___	___
___	___	_____ _____	___	___
___	___	_____ _____	___	___

Has the applicant been cancelled or non-renewed in the last three years? Yes No
 If yes, Explain. _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature	Date	Applicant's Signature	Date
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IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

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.