

**PRODUCTS LIABILITY APPLICATION**

Effective Date: \_\_\_\_\_

1. Named Insured: \_\_\_\_\_  
2. Address: \_\_\_\_\_  
3. a. Limit Desired? \_\_\_\_\_  
b. Largest Deductible or Self-Insured Retention that can be carried? \_\_\_\_\_  
c. Do you require: Vendors?  Yes  No Contractual?  Yes  No  
4. Business is:  Individual  Co-Partnership  Corporation  Other  
If Other, Describe: \_\_\_\_\_

5. a. How many years have you been in business under the present name? \_\_\_\_\_  
b. Have any of the principals ever engaged in this or similar enterprises under a different name? If YES, attach details.  Yes  No  
6. Locations(s) from which product(s) are manufactured by the Insured: \_\_\_\_\_

7. List Major Customers

<u>Customer</u>	<u>Percentage of sales</u>
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

8. Completely describe product(s) to be insured and end use. Attach products brochures or catalog, latest annual report, 10- K report and other pertinent data.  
\_\_\_\_\_  
\_\_\_\_\_

9. Is your product used by the aircraft industry?  Yes  No

10. a. Show Payroll estimate for coming year: \_\_\_\_\_  
b. Show Sales estimate for coming year: \_\_\_\_\_  
c. Show sales for five (5) prior years:

<u>Year</u>	<u>Gross Sales</u>	<u>Principal Product Name</u>	<u># of Units</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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11. List prior products liability insurance carried for each of the past five years.  
If NONE, State NONE. \_\_\_\_\_

<u>Year</u>	<u>Carrier</u>	<u>Limits</u>	<u>Deductible</u> (if any)	<u>Premium</u>	<u>Inception</u> MM/DD/YY	<u>Claims Made</u> <u>Policy Form?</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If prior products liability insurance was on a claims made basis advise the retroactive date of the coverage. \_\_\_\_\_

12. a Is current carrier quoting renewal?  Yes  No  
 b Is coverage currently written by your office?  Yes  No  
 c Have you approached other wholesalers?  Yes  No

13. a Of what materials or components are each product principally composed? \_\_\_\_\_

- b Do you compound ingredients & package?  Yes  No  
 14. Do you manufacture the complete product?  Yes  No

If NO, what component parts are purchased? \_\_\_\_\_  
 15. Is any of your work sub-contracted to others?  Yes  No

16. Are any parts purchased from foreign manufacturers?  Yes  No  
 If YES, describe \_\_\_\_\_

17. a. Do you assemble the product?  Yes  No  
 b. Do you maintain quality control procedures?  Yes  No

If YES, attach outline of such procedures.

18. a. Do you maintain and/or service the product?  Yes  No  
 If YES, attach full details including copy of your standard written service contract and gross receipts from this source.

- b. Do you maintain completed inventory records of shipments and/or deliveries to consignees?  Yes  No  
 c. Are serial and/or batch numbers shown on the finished products and on shipment invoices?  Yes  No  
 d. Can the date of manufacture of each product be identified by the factory number stamped on it?  Yes  No  
 e. Do you keep samples of products involved in your quality control procedure?  Yes  No

If YES, how long are samples retained? \_\_\_\_\_

- f. Have you ever recalled any of your products for any reason?  Yes  No  
 If YES, attach details.  
 g. Do you have a products recall plan? If YES, attach description.  Yes  No

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19. Has your product ever been subject to any inquiry or investigation by any governmental agency concerning the efficiency, adequacy of labeling, hazardous contents or safety?  Yes  No  
If YES, attach full details and result of such inquiry.
20. a. What percent of sales are for replacement parts? \_\_\_\_\_  
b. Have you ceased to manufacture any products during the past 5 years?  Yes  No  
If YES, attach description and previous sales by year.
21. Do you plan to manufacture any new products to be marketed within the next 6 months? If YES, attach description.  Yes  No
22. a. Is original installation of products performed by your employees?  Yes  No  
b. If NO, does the installer supply parts not manufactured by you?  Yes  No  
c. If NO, are they sub-contracted by you?  Yes  No
23. Are any of your products subject to deterioration?  Yes  No  
If YES, describe and indicate period of time: \_\_\_\_\_  
\_\_\_\_\_
24. Are any of your products inflammable or explosive?  Yes  No  
If YES, attach details.
25. Do you issue guarantees or warranties to purchasers?  Yes  No  
If YES, for what period do you guarantee or warrant your products? \_\_\_\_\_  
Attach full details and copy of your form of guarantee or warranty.
26. Do you agree to hold dealers, distributors or suppliers harmless against claims or suits for personal injury or property damage in connection with your products?  Yes  No  
If YES, attach copies of your standard form.
27. Are any of the above dealers, etc...affiliated with you?  Yes  No  
If YES, explain: \_\_\_\_\_  
\_\_\_\_\_
28. a. Are you a distributor?  Yes  No  
b. If you are a distributor, are you insured by the manufacturer?  Yes  No
29. If any products are accompanied by any written brochures, labels, instructions or other written statements, attach copies.
30. List any acquisitions or divestitures during the past five years. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
31. Has any Insurer ever cancelled or refused to issue or renew your products liability insurance?  Yes  No  
If YES, attach details.

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32. a. Include in details at least five years' losses paid and reserved (whether insured or not). Aggregate losses are needed by line of business and by year including expenses. Loss Runs to be included with summary.

<u>Products Liability</u>	<u>Policy Year</u>	<u>Number of Claims</u>	<u>Amount Paid</u>	<u>Reserved</u>	<u>Date Last Valued</u>

b. LOSSES OVER \$10,000: Please provide date, amount and full description of injuries/damage of all losses of \$10,000.

<u>Date of Loss</u>	<u>Amount Paid</u>	<u>Amount in Reserve</u>	<u>Cause of Accident and Damages</u>

33. Are you aware of any incidents, not yet reserved, which could result in claims against you? If YES, attach details.  Yes  No

**IT IS AGREED THAT IN SIGNING THE ABOVE APPLICATION, IT IS EXPRESSLY AGREED THAT SHOULD THE INSURANCE BE EFFECTIVE, THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION SHALL FORM THE BASIS OF THE POLICY AND THE APPLICANT WARRANTS ALL SUCH STATEMENTS TO BE TRUE TO THE BEST OF THEIR KNOWLEDGE.**

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Signed By Producer

\_\_\_\_\_  
Title Date