

STEADFAST INSURANCE COMPANY
Dover, DE

PRODUCTS LIABILITY APPLICATION

Insured Must Complete and Sign This Application
ALL QUESTIONS MUST BE ANSWERED IN FULL—IF NOT APPLICABLE, SO STATE

1. Name of Applicant _____

2. Address (Business) _____

3. Branch Office Locations _____

4. Individual _____ Co-Partnership _____ Corporation _____ Other _____

5. How many years have you been in business under the present name: _____

(A) Have you ceased to manufacture any product during the oast five years? _____ If yes, attach description, sales and losses by year.

(B) Have you or your principals ever engaged in this or similar enterprises under a different name? _____ If yes, attach full details. _____

6. (A) Locations of factories or stores from which products are distributed directly by you _____

(B) Location of factories or stores from which products are distributed directly by you _____

7. (A) Furnish completed description of the products to be insured _____

(B) Of what materials or principal components are each of these principally composed? _____

8. Do you manufacture the complete product? _____ If not, what component parts are purchased by you? _____

Who are component parts purchased from? _____

9. Do you assemble the product? _____

(A) Do you supervise the assembly of the product? _____

Where is the product assembled? _____

10. Do you maintain and/or service the product? _____ If so, attach full details including copy of your standard written contract and receipts from this source. _____

11. Do you maintain quality control procedures? _____ If so, attach a brief outline of such procedures. _____

12. (A) Do you maintain complete inventory records reflecting shipments and/or delivery to consignees and are serial numbers and/or batch numbers shown on the finished products and on shipment invoices? _____

(B) Can the date of manufacture of each product be identified by the factory number stamped on it? _____

(C) Do you keep samples of products involved in your quality control procedures? _____
If so, how long are samples retained? _____

13. (A) Have you ever recalled any products for any reason? _____ If so, attach details.

(B) Do you have a products recall plan? _____ If so, attach description. _____

14. Has your product ever been subjected to any inquiry by any Government Agency concerning the efficiency, adequacy of labeling, hazardous contents, or safety? _____ If so, attach full details and results of such inquiry.

15. Estimated total payroll _____

16. (A) PRIOR CARRIER AND LOSS HISTORY* (PAST FIVE YEARS) Secured from Prior Carrier Assured
*(Fully describe any loss in excess of \$5,000)

PERIOD	INSURER & POLICY #	PREMIUM	RATE	DEDUCTIBLE	LIMIT	NO. OF LOSSES		
						CLAIMS	PAID	OUTSTANDING

(D) Are you aware of any incidents not yet reserved, that may result in claims against you? _____
If yes, describe. _____

(C) Has any Insurance Company or Underwriter ever refused to issue or cancelled your Products Public Liability Insurance? _____

17. (A) Show sales for 5 years with principal products shown on percentage basis:

Principle Product (Identify)

Sales	Name	Percent	# Units
Estimated (next 12 months)			
Past 12 months			
1st Previous Year			
2nd Previous Year			
3rd Previous Year			
4th Previous Year			

18. (A) Is original installation of such products made by your employees? _____

(B) If not, does the installer supply parts not manufactured by you? _____

Please supply name and location of the installers of additional parts. _____

Furnish a description of such parts. _____

19. Are any of your products inflammable or explosive? _____ If so, attach details.

Does the final product contain any known or suspected irritants, of any nature? _____

Does the final product contain any mutagenic or carcinogenic material? _____

20. Are any of your products subject to deterioration and if so, over what period of time? _____

21. Do you issue guarantees and/or warranties to purchasers? _____ If so, for what period do you guarantee and/or warrant your products? _____

(Attach full details and copy of your form of guarantee and/or warranty.)

22. What products do you distribute in original containers for direct consumption by the consumer?

23. (A) Do you agree to hold dealers, distributors or suppliers harmless against claims or suits for Personal Injuries or Property Damage in connection with your products? _____ If so, explain. _____

(B) Are any of the above affiliated with you? _____ If so, explain. _____

(C) If you are a distributor, are you insured by the manufacturer? _____

24. In the event your product is accompanied by any written brochures, labels, instructions or other written statements, attach copies. _____

25. Attached is a copy of the most recent annual report. If not available, state reason. _____

26. What products do you distribute in bulk to wholesalers without any original containers? _____

27. If the Product involves a bottler of soft or carbonated drinks, what is the total estimated number of fillings? _____

28. What materials or products handled by you are poisonous either by themselves or in combination with other materials? _____

29. Are you affiliated in any manner with any of your suppliers or distributors? _____

30. Set forth the percentage distribution of your product.

West Coast _____ East Coast _____ Midwest _____
Southwest _____ Southeast _____

31. Indicate percentage of activity conducted:

Manufacturer Wholesaler Retailer Contractor

32. Indicate percentage of activity of other:

Repackaged Subcontracted Other

33. If the product to be insured is a cosmetic, pharmaceutical or edible, do you compound ingredients and package same? _____

34. Are any of your products used by any aircraft industry? _____

35. Limits of liability required: Bodily Injury: \$ _____ each person
\$ _____ each accident
Combined Single Limit and Aggregate: \$ _____ aggregate
Property Damage: \$ _____ each accident
\$ _____ aggregate
Deductible: \$ _____

Based rate on: Sales Units Other-Describe

Application Warranty

This application shall not be binding unless and until a policy shall be issued and then only as of the effective date of said policy and in accordance with all terms thereof and the said Applicant hereby covenants and agrees that the foregoing statements and answers are just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and a condition of the insurance, and a warranty on the part of the insured.

It is mutually understood and agreed between the Company and the Applicant that any inspection of premises, operations, or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant in any respect.

Signature of Producer Date

Signature of Applicant Date
Principal Officer