

V. GENERAL INFORMATION

- a) Have any of your products been discontinued or recalled in the past 5 years? Yes No
 i. If yes, explain _____
- b) Are you planning to introduce any new products in the next 12 months? Yes No
 i. If yes, list product(s) _____
- c) Can your products be identified from those of competitors? Yes No

VI. INSURED HISTORY – CLAIMS, LOSSES, INCIDENTS:

- a) Have you had any claims in the past 5 years? Yes No
 If yes, on a separate sheet provide details and attach loss runs
- b) Are you aware of any incident(s) that may result in a claim not reflected in the above question? Yes No
 If yes, explain: _____

VII. COVERAGE HISTORY:

- a) Carrier: _____ Limits: \$ _____ Premium: \$ _____
 Rate: \$ _____ Term: _____ Deductible/SIR: \$ _____
- b) Coverage Form: Occurrence Claims Made Retro Date: _____
- c) Has the applicant ever been declined or refused coverage, or had its coverage cancelled or non-renewed? Yes No
 If yes, explain: _____

VIII. COVERAGE REQUEST:

- a) Limits of Coverage/Deductibles:

Coverage	Limits Requested	Deductible Requested	Retrospective Date Requested
Products Liability			
General Liability			

- b) Do you require a Blanket Vendors Additional Insured Endorsement? Yes No
- c) Do you require an individual Vendors Additional Insured Endorsement? Yes No
 If yes, provide name, address, and any special wording requested by the vendor/distributor:

- d) Do you require an individual a Landlord/Lessor Additional Insured Endorsement? Yes No
 If yes, provide name, address, and any special wording requested by the landlord/lessor:

- e) How did you hear about us? _____

I understand and agree this Application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to all Lloyd's of London participating syndicates, any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Furthermore, I understand that the policy applied for will apply only to CLAIMS FIRST MADE AND REPORTED to the Company in writing within the period of coverage shown on the certificate of insurance issued with the policy or certificate on the date the policy is canceled or terminated, whichever comes first or as otherwise provided by the policy.

I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD, AND SUBJECT TO STATE FINES.

THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY

APPLICANT SIGNATURE

TITLE

DATE

REQUESTED EFFECTIVE DATE

- I ELECT TO PURCHASE TERRORISM COVERAGE AT AN ADDITIONAL PREMIUM
- I DO NOT ELECT TO PURCHASE TERRORISM COVERAGE AT AN ADDITIONAL PREMIUM