

PRODUCTS LIABILITY APPLICATION

BROKER SECTION:

Agency: _____ Phone _____

Broker/Agent: _____ Email: _____

BACKGROUND INFORMATION – PLEASE READ:

1. Please type or print clearly.
2. Answer ALL questions completely leaving no blanks. If any questions, or part thereof, do not apply, print N/A in the space.
3. If additional space is needed to answer any questions fully, please attach a separate page.
4. This application must be completed, dated and signed by a Principal of the Applicant.

A. APPLICANT INFORMATION

1. Name of Applicant (s) (and list all subsidiary Companies) : _____

2. Mailing Address: _____

3. Location(s): _____

4. Do you need general liability for any location in (3.)? Yes No
If yes, provide square footage: _____

5. Telephone: _____ Website: _____

6. Email: _____ Contact Name: _____

7. Applicant is: Individual Partnership Corporation Joint Venture LLC
 Other: _____

8. Applicant's Operations: Manufacturer Distributor Importer Exporter
 Private Label Products Manufacturer's Rep Other: _____

9. Date of Incorporation/Start of Operations: _____

10. ADDITIONAL INSURED: (Landlord or Lessor) If necessary, add other names on separate paper.

NAME: _____

ADDRESS: _____

Relationship to your business (Landlord, lienholder): _____

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B. PRODUCTS AND COMPLETED OPERATIONS

1. List complete description of products manufactured, sold or distributed by the applicant (attach products brochure, printed website information, labels or other printed descriptive materials): _____

Of what materials or principal components are these composed of? _____

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

Who are component parts purchased from? _____

*If products not manufactured by applicant, are actual manufacturers located in the US? _____

And if so, do they carry domestic products insurance at limits of \$1MM or greater? Yes No

Do you require Certificates of Insurance? Yes No

Are any foreign products/components involved? Yes No

If so, identify the company of manufacture and country of origin: _____

3. Is Vendors Coverage wanted? Yes No

4. Will any vendor repackage, re-label or modify your product? Yes No

If yes, explain: _____

5. List all products manufactured by the applicant but not sold under its label: _____

6. Number of units sold annually: _____ Average Cost per unit: _____

7. TOTAL SALES (next 12 months) \$ _____ Prior Years 1st \$ _____ 2nd \$ _____

3rd \$ _____ 4th \$ _____ 5th \$ _____

8. List your top Five (5) Customers:

- | | |
|----------|----------|
| 1) _____ | 4) _____ |
| 2) _____ | 5) _____ |
| 3) _____ | |

9. Any foreign sales? Yes No

If yes, what percentage of sales? _____ %

List Countries sold to: _____

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10. Does the applicant install/ apply/ erect the product? Yes No
Do you supervise the assembly of the product? Yes No
Where is the product assembled? _____

11. Any products assembled by the end user? Yes No
12. List any product that has been discontinued or recalled in the past 5 years and why: _____

13. Is there a written products recall plan? Yes No
14. Any new products introduced in the past 5 years? Yes No
If yes, list product(s) and when introduced: _____

15. Are any new products proposed for introduction in the next 12 months? Yes No
If yes, list product(s) _____

16. Can products be identified from those of competitors? Yes No
If yes, how? _____

17. Are any products sold as components for other products? Yes No
If yes, indicate uses: _____

18. Could any of your products or services be used on or in connection with:
pharmaceuticals / cosmetics / vitamins / herbs? Yes No
aircraft / missile / aerospace? Yes No
watercraft or offshore? Yes No
transportation / pollution / waste treatment? Yes No
19. Any hold harmless agreements, warranties, guarantees given to any supplier,
distributor, or purchaser? Yes No
Please explain: _____

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C. QUALITY CONTROL / LOSS CONTROL

- 1. Are your products tested and labeled to meet government and/or industry standards Yes No
 If yes, list standards: _____
 Any products UL approved? Yes No
 Any products FDA approved? Yes No
 Any products not approved by UL, FDA, and/or anyone else? Yes No
 If yes, by who? _____

2. List your memberships in any industry product – standard organizations (ex. ISO9000):

- 3. Is a written loss control program in effect? Yes No
 Any written quality control procedure? Yes No

D. WARNINGS

- 1. Are hazards inherent in the final product, and warnings against foreseeable misuse and abuse, made known to the ultimate user by:
 -warnings labels at the point of hazards? Yes No
 written instructions? Yes No
 other means? (If yes, attach details) Yes No

E. EXPIRING CARRIER INFORMATION

Carrier: _____ Limits: \$ _____
 Premium: \$ _____ Rate: \$ _____
 Term: _____ Deductible/SIR: \$ _____

Coverage Form: Occurrence Claims Made Retro Date: _____

Has any carrier cancelled or refused to renew products liability? Yes No

If yes, explain: _____

F. CLAIMS HISTORY

- 1. Any claims in the past 5 years? Yes No
 (If yes, attach currently-valued (within past 90 days) loss runs including details)
- 2. Are you aware of any incident(s) that may result in a claim not reflected in question E.1? Yes No
 If yes, explain: _____

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G. ATTESTATION

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 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 is not subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

If a Premium Audit is required for this policy, I acknowledge that I will or an authorized representative will attend and provide any information required by the carrier. Full cooperation with the Audit will be provided. I understand the Carrier will request to see my Financial Statements. Non-Compliance with a Premium Audit may result in cancellation of my policy.

Name of Audit Contact: _____
Audit Contact Phone Number: _____
Email Address (Audit): _____

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: _____

LIABILITY LIMIT REQUESTED \$1,000,000 /\$1,000,000 \$2,000,000/\$2,000,000
Other: _____

Can we email you your policy (usually within 2-3 weeks) Yes No

_____@_____

One box below must be checked:

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