



Products Liability Application

NOTE: Applications incomplete or unsigned by the applicant are unacceptable.

1. EFFECTIVE DATE:		DATE OF APPLICATION	
2. NAME			
ADDRESS			
CITY, STATE			
3. APPLICANT IS <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> VENTURE <input type="checkbox"/> (SPECIFY): JOINT OTHER			
4. IF INDIVIDUAL OR PARTNERSHIP, SHOW ALL NAMES			
5. <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> WHOLESALER <input type="checkbox"/> RETAILER <input type="checkbox"/> IMPORTER <input type="checkbox"/> EXPORTER <input type="checkbox"/> SERVICES			
6. DESCRIPTION OF OPERATIONS			
7. YEARS IN BUSINESS PRESENT NAME		8. HAVE ANY OF THE PRINCIPALS EVER ENGAGED IN THIS OR SIMILAR ENTERPRISE UNDER A DIFFERENT NAME <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES ATTACH DETAILS)	
YEARS IN BUSINESS SAME MAJORITY NAME		10. DESCRIBE THE INTENDED USE OF YOUR PRODUCT AND THE TYPE OF INDUSTRY SOLD TO:	
9. LOCATION(S) AT WHICH PRODUCT(S) ARE MANUFACTURED BY APPLICANT OR DISTRIBUTED BY APPLICANT:		12. OF WHAT MATERIALS OR COMPONENTS IS EACH PRODUCT PRINCIPALLY COMPRISED? (ATTACH A SEPARATE SHEET IF NECESSARY)	
11. COMPLETELY LIST AND DESCRIBE PRODUCTS TO BE INSURED AND SHOW NUMBER OF YEARS EACH PRODUCT HAS BEEN ON THE MARKET: (ATTACH SEPARATE SHEET IF NECESSARY)		13. DO YOU MANUFACTURE COMPLETE PRODUCT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHAT COMPONENT PARTS ARE PURCHASED?	
14. WHAT CONTRACTUAL ARRANGEMENTS OR HOLD-HARMLESS AGREEMENTS DO YOU HAVE WITH THE MANUFACTURERS OF COMPONENT PARTS? <input type="checkbox"/> NONE <input type="checkbox"/> COPY OF EACH AGREEMENT IS ATTACHED.			
15. ARE ANY PARTS PURCHASED FROM FOREIGN MANUFACTURERS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE:			
16. DO YOU ASSEMBLE THE PRODUCTS?			YES NO <input type="checkbox"/> <input type="checkbox"/>
17. DO YOU MAINTAIN QUALITY CONTROL PROCEDURES? IF YES, ATTACH OUTLINE OF SUCH PROCEDURES.			<input type="checkbox"/> <input type="checkbox"/>



18. DO YOU MAINTAIN AND/OR SERVICE THE PRODUCTS? IF YES, ATTACH FULL DETAILS INCLUDING COPY OF YOUR STANDARD WRITTEN SERVICE CONTRACT AND GROSS RECEIPTS FROM THIS SOURCE.	<input type="checkbox"/> <input type="checkbox"/>																														
19. DO YOU MAINTAIN COMPLETE INVENTORY RECORDS OF SHIPMENTS AND/OR DELIVERIES TO VENDORS?	YES NO <input type="checkbox"/> <input type="checkbox"/>																														
20. ARE SERIAL AND/OR BATCH NUMBERS SHOWN ON THE FINISHED PRODUCTS AND ON SHIPMENT INVOICES?	<input type="checkbox"/> <input type="checkbox"/>																														
21. CAN THE DATE OF MANUFACTURE OF EACH PRODUCT BE IDENTIFIED BY THE FACTORY NUMBER STAMPED ON IT?	<input type="checkbox"/> <input type="checkbox"/>																														
22. DO YOU KEEP SAMPLES OF PRODUCTS INV OLVED IN YOUR QUALITY CONTROL PROCEDURES? IF YES, HOW LONG ARE SAMPLES RETAINED?	<input type="checkbox"/> <input type="checkbox"/>																														
23. HAVE YOU EVER RECALLED ANY OF YOUR PRODUCTS FOR ANY REASON? IF YES, ATTACH DETAILS.	<input type="checkbox"/> <input type="checkbox"/>																														
24. DO YOU HAVE A PRODUCTS RECALL PLAN? IF YES, ATTACH DESCRIPTION.	<input type="checkbox"/> <input type="checkbox"/>																														
25. HAVE YOUR PRODUCTS EVER BEEN SUBJECT TO ANY INQUIRY OR INVESTIGATION BY ANY GOVERNMENTAL AGENCY CONCERNING THE EFFICIENCY, ADEQUACY OF LABELING, HAZARDOUS CONTENTS OR SAFETY? IF YES, ATTACH FULL DETAILS AND RESULT OF SUCH INQUIRY.	<input type="checkbox"/> <input type="checkbox"/>																														
26. ESTIMATED SALES F _s OR NEXT 12 MONTHS \$	ESTIMATED PAYROLL NEXT 12 MONTHS \$																														
27. ARE YOUR PRODUCTS USED BY THE AIRCRAFT, AUTOMOBILE, MARINE, SPACE OR ENERGY INDUSTRIES?	<input type="checkbox"/> <input type="checkbox"/>																														
28. ARE THE PRODUCTS SOLD UNDER YOUR LABEL? IF YES, ATTACH SAMPLE LABEL.	<input type="checkbox"/> <input type="checkbox"/>																														
29. SHOW SALES FOR PREVIOUS 5 YEARS WITH PRINCIPAL PRODUCTS																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">YEAR</th> <th style="width:20%;">GROSS SALES</th> <th style="width:40%;">PRINCIPAL PRODUCTS NAME</th> <th style="width:10%;">PERCENT</th> <th style="width:20%;">NUMBER OF UNITS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	YEAR	GROSS SALES	PRINCIPAL PRODUCTS NAME	PERCENT	NUMBER OF UNITS																										
YEAR	GROSS SALES	PRINCIPAL PRODUCTS NAME	PERCENT	NUMBER OF UNITS																											
30. HAVE THE PRODUCTS BEEN TESTED BY UNDERWRITERS LABORATORY OR SIMILAR FACILITY?	<input type="checkbox"/> <input type="checkbox"/>																														
31. DO ANY INDUSTRY OR GOVERNMENTAL STANDARDS APPLY? (IF YES, PROVIDE STANDARD #S)	<input type="checkbox"/> <input type="checkbox"/>																														
32. DO THE PRODUCTS MEET OR EXCEED THOSE STANDARDS?	<input type="checkbox"/> <input type="checkbox"/>																														
33. HAVE YOU CEASED TO MANUFACTURE ANY PRODUCTS DURING THE PAST 5 YEARS? IF YES, ATTACH DESCRIPTION AND SALES BY YEAR AND SHOW REASON FOR DISCONTINUANCE.	<input type="checkbox"/> <input type="checkbox"/>																														
34. DO YOU PLAN TO MANUFACTURE ANY NEW PRODUCTS TO BE MARKETED WITHIN THE NEXT 12 MONTHS? IF YES, ATTACH DESCRIPTION.	<input type="checkbox"/> <input type="checkbox"/>																														
35. IS ORIGINAL INSTALLATION OF PRODUCTS PERFORMED BY YOUR EMPLOYEES? IF NO, DOES THE INSTALLER SUPPLY PARTS NOT MANUFACTURED BY YOU?	<input type="checkbox"/> <input type="checkbox"/>																														
36. ARE ANY OF YOUR PRODUCTS SUBJECT TO DETERIORATION OR REQUIRE SPECIAL HANDLING OR PACKAGING TO AVOID ENVIRONMENTAL IMPAIRMENT? IF YES, ATTACH DESCRIPTION AND GIVE PERIOD.	<input type="checkbox"/> <input type="checkbox"/>																														
37. ARE ANY OF YOUR PRODUCTS FLAMMABLE, TOXIC, OR EXPLOSIVE? IF YES, ATTACH DETAILS.	<input type="checkbox"/> <input type="checkbox"/>																														



38. DO YOU ISSUE GUARANTEES OR WARRANTIES TO PURCHASERS?
 IF YES, FOR WHAT PERIODS DO YOU GUARANTEE OR WARRANT YOUR PRODUCTS? _____
 ATTACH FULL DETAILS AND COPY OF YOUR FORM OF GUARANTEE OR WARRANTY.

39. 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 YES, ATTACH COPIES OF YOUR STANDARD FORMS.

40. ARE ANY OF THE ABOVE DEALERS AFFILIATED WITH YOU? IF YES, ATTACH EXPLANATION.

41. IF YOU ARE A DISTRIBUTOR, ARE YOU INSURED BY THE MANUFACTURER?

42. ARE ANY OF YOUR PRODUCTS ACCOMPANIED BY ANY WRITTEN BROCHURE, LABELS, INSTRUCTIONS OR OTHER WRITTEN STATEMENTS?
 IF YES, ATTACH COPIES.

43. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? YES NO

44. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?

45. GIVE CLAIMS HISTORY IN FOLLOWING FORM OR EQUIVALENT (5 YEARS): INDICATE IF AMOUNTS SHOWN ARE FULL CLAIM FIGURES OR JUST THE AMOUNT IN EXCESS OF A DEDUCTIBLE. IF NO LOSSES, CHECK HERE

YEAR	CLAIMS PAID		RESERVES OPEN		NUMBER CLOSED	CLAIMS
	NUMBER	AMOUNT	NUMBER	AMOUNT	NO PAYMENT	EXPENSES PAID

46. IF ANY INDIVIDUAL CLAIM (PAID OR RESERVED) EXCEEDS \$10,000, GIVE DESCRIPTION, DATE AND AMOUNT.

47. ARE YOU AWARE OF ANY INCIDENTS, NOT YET RESERVED, THAT MAY RESULT IN CLAIMS AGAINST YOU?
 IF YES, ATTACH DETAILS.

48. WHAT INSURERS HAVE PREVIOUSLY WRITTEN PRODUCTS LIABILITY INSURANCE FOR YOU? WHAT YEARS?

49. HAS ANY INSURER EVER CANCELLED OR REFUSED TO ISSUE OR RENEW YOUR PRODUCTS LIABILITY INSURANCE?
 IF YES, ATTACH DETAILS.

50. ATTACH YOUR MOST RECENT ANNUAL REPORT AND DIRECTORS AND OFFICERS REPORT. IF NOT AVAILABLE, STATE REASON.

Applicant warrants and agrees that the above answers and all attachments are in all respects true and shall be deemed material and are made to induce the Company to issue a policy, that the Company will rely on the same when issuing a policy, and that all pertinent information has been fully disclosed. The applicant understands that submission of this information creates no obligation on the part of the Company to provide insurance either on the basis requested or on any other basis.	DATE COMPLETED	NAME OF APPLICANT
	SIGNED BY	
	TITLE	