

Products / Discontinued Products Liability Application

1. Agency Code: _____ Agency: _____
2. Phone: _____ Fax: _____ Web site: _____
3. Producer: _____ E-Mail Address: _____
4. Assistant: _____ E-Mail Address: _____

Application courtesy of Insurance-Applications.com

General Information:

5. Business Name (dba): _____
6. Legal Name: _____ Years In Business: _____
7. Is the applicant a subsidiary of another entity? If so, please provide details.
8. Does the applicant have any subsidiaries not listed above? If so, please provide details.
9. Have you operated under any other business names.(name changes, dbas, trade names, etc.)? If so, please provide details.
10. Have there been any acquisitions or divestitures in the past five years? If so, please provide details.
11. Mailing Address: _____ City: _____ State: _____ Zip: _____
12. Physical Address: _____ City: _____ State: _____ Zip: _____
13. Contact Person: _____ Phone: _____ E-Mail: _____
14. Web site: _____ If more than one, list all websites -- domains and subdomains -- in details.
15. Type of Entity: Individual Partnership Joint Venture Corporation Other: _____
16. Effective Date: ____ / ____ / ____ Expiration Date: ____ / ____ / ____ Need By Date: ____ / ____ / ____

Prior Carrier Information:

17. Products Liability	Year 20__	Year 20__	Year 20__	Year 20__	Year 20__
Carrier					
Policy #					
Claims Made or Occ?					
Retroactive Date					
Monoline or as p/o CGL?					
Policy Limits (Occ)					
Policy Limits (Gen Agg)					
Policy Limits (Prods Agg)					
Premium					
Retention					
Expense in limit?					

18. Has any carrier cancelled, restricted or refused to renew any products coverage in the past 7 years If so, please provide details.
19. Has any product ever been excluded from any previous coverage, or uninsured or self insured? If so, please provide details.

Claim, Loss & Incident Information:

No losses, claims or incidents: _____

20. Date of Loss	Description of Loss	Amt of Claim or Loss*	Date Valued	Open or Closed?
____ / ____ / ____	_____	_____	____ / ____ / ____	_____
____ / ____ / ____	_____	_____	____ / ____ / ____	_____
____ / ____ / ____	_____	_____	____ / ____ / ____	_____
____ / ____ / ____	_____	_____	____ / ____ / ____	_____
____ / ____ / ____	_____	_____	____ / ____ / ____	_____
____ / ____ / ____	_____	_____	____ / ____ / ____	_____

* Amount of Claim or Loss to include all amounts paid or reserved, including defense and other expense.

21. Company Loss Run: Attached Has been requested and will be available prior to binding.

Claim, Loss & Incident Information (continued):

22. Details of any claims excess of \$5,000:

23. Loss History Representation.

- ~ To the best of my knowledge, there have been no claims, lawsuits, events, incidents or occurrences, other than those shown above, that have lead or that may yet lead, to the filing of a claim. _____ Initials of CEO or Owner
- ~ To the best of my knowledge, there are no known or suspected defects that have lead, or that may yet lead, to the filing of a claim. _____ Initials of CEO or Owner
- ~ No carrier has ever cancelled or refused to renew our products liability insurance. _____ Initials of CEO or Owner
(If a carrier has cancelled or refused to renew this coverage, then please attach a detailed explanation.)

Application courtesy of Insurance-Applications.com

Description of Product or Products:

24. Products currently sold

Product or Category	Applicant Operates as					Years Sold	Gross Sales (US)	Gross Sales (Foreign)	Gross Sales (Total)	% of Total Sales	Estimated Usable Life Span in Years	Products Sold To						
	M	W	R	I	MR							M	X	C	O			

M = Manufacturer R = Retailer MR = Manufacturers Representative C = Consumer
W = Wholesaler I = Importer X = Exporter O = Other

25. Discontinued Products -- Please describe all products no longer sold, including product lines / businesses sold to others but for which liability was retained.

Discontinued Product or Category	Applicant Operates as					Years Sold	Gross Sales (US)	Gross Sales (Foreign)	Gross Sales (Total)	% of Total Sales	Estimated Usable Life Span in Years	Products Were Sold To						
	M	W	R	I	MR							M	X	C	O			

M = Manufacturer R = Retailer MR = Manufacturers Representative C = Consumer
W = Wholesaler I = Importer X = Exporter O = Other

26. Historicay Payroll & Sales figures

Year	Payroll	Gross Sales (US)	Gross Sales (Foreign)	Gross Sales (Total)
Projected for Next Policy Year				
Current Policy Year				
Last Year				
Prior Year				
Next Prior Year				
Next Prior Year				
Next Prior Year				

Description of Product or Products (continued):

27. Were discontinued products discontinued due to economic conditions, products liability losses, or other (Describe)?

28. Do you plan to discontinue sales of any of your current products? If so, which, when and why?

29. Do you plan to add sales of any of new products in the next year? If so, which, when and why?

30. Are any of your products used in aviation, aircraft or aerocraft and are any subject to government registration or review? ____

If so, details...

31. Do you manufacturer chemicals? ____ If you do, please provide Material Safety Data Sheets with this submission.

32. Do your operations involve storing, treating, discharging, applying, disposing or transporting of Hazardous Materials? ____

If you do, please provide Material Safety Data Sheets with this submission.

33. Do you import component parts and, if so, do you maintain a certificate folder providing proof of coverage for vendors, naming you as a vendor, with coverage written in a US domiciled insurer rated A VI or better? ____ If not, please provide details.

34. Do you manufacture, assemble, or package products for sale under the brand names of others? ____ If so, please provide details:

35. Do others manufacture, assemble, or package products for sale under your brand name? ____ If so, please provide details:

Application courtesy of Insurance-Applications.com

Loss Prevention, Loss Control & Claim Defense

36. Who designs your product(s) and are the designs tested and verified by others? ____ If not, details please:

37. Do you design plans, designs or specifications for any products other than your own? ____ If so, do you carry design or Architects and Engineers Errors & Omissions Insurance? ____ If so, what limit do you carry? \$_____ / \$_____

38. Do you retain copies of all out of date designs, advertisements and sales brochures? ____ If not, please provide details:

Loss Prevention, Loss Control & Claim Defense (continued):

39. Do you have a written and working quality control program? ____ Do you have a written and working loss control program? ____
40. Do you document your testing procedures and results? ____ For how long is this documentation retained? ____
If coverage is written, will that documentation be available for inspection by the writing carrier? ____
41. Can you identify all of your products and distinguish them from the products of your competitors. If not, or only partially, details please:

42. Do your records indicate when each product was manufactured? ____ To whom and when it was sold? ____
Do your records showed who supplied the component parts that went into each of your products? ____ If not to any of the above, then please provide details.

43. Do you furnish an guarantees, warranties or hold harmless agreements? ____
44. Does Legal Counsel periodically review all product instructions, warning labels, warranties, etc.? ____ If not, please provide details:

45. Do you have a written product recall program? ____ Have you ever recalled any products? ____ If so, please provide details:

Application courtesy of Insurance-Applications.com

Requested Limits of Liability

46. Primary limits desired: \$1,000,000 \$2,000,000 \$3,000,000
- OR...
47. Excess limits desired: \$1,000,000 \$2,000,000 \$5,000,000 \$ _____
48. Deductible or SIR requested: Deductible: \$ _____ SIR: \$ _____ Stop Loss: \$ _____

For deductibles or SIRs of \$10,000 or greater, please include financials.

Additional Insureds / Vendors

49. Please name vendors to be named as Additional Insureds -- including

Vendor 1 _____
Address _____
City, State, Zip _____
Gross Receipts _____

Vendor 2 _____
Address _____
City, State, Zip _____
Gross Receipts _____

Vendor 3 _____
Address _____
City, State, Zip _____
Gross Receipts _____

Vendor 4 _____
Address _____
City, State, Zip _____
Gross Receipts _____

Details...

READ AND SIGN BELOW:

As a condition precedent to coverage, I hereby warrant that the information contained in this application is true and accurate to the best of my knowledge, and that no material facts have been omitted, misrepresented or mix-stated.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Signature

Date

Print Name

Title

Residents agent name

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED
PRIOR TO COVERAGE BEING BOUND**