

**PRODUCT LIABILITY APPLICATION**

Application Information

Applicant's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Location: \_\_\_\_\_

Agent Information

Agent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Proposed Effective Date From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time at the address of the Applicant

Applicant is:                      Individual                      Corporation                      Partnership                      Joint Venture

Limits of Liability Requested

Coverage	Each Occurance	Aggregate
Combined Single Unit	\$                      ,000	\$                      ,000

1. Deductible desired: \_\_\_\_\_

2. Completely describe product(s) to be specifically insured:

3. Location(s) at which product(s) are manufactured by the Applicant:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

4. Location(s) from which product(s) are distributed directly by the Applicant: \_\_\_\_\_

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

5. Of what materials or components is each product principally composed?

- |  |     |    |
|--|-----|----|
| 6. Do you compound ingredients?                  | Yes | No |
| Do you package the product?                      | Yes | No |
| 7. Are all products sold under your label?       | Yes | No |
| If not, describe: _____                          |     |    |
| 8. Do you manufacture the complete product?      | Yes | No |
| If no, what component parts are purchased? _____ |     |    |

9. Total number of employees: \_\_\_\_\_
10. Is any of your work subcontracted to others? Yes No  
 If so, state type and percentage: \_\_\_\_\_
11. Are any parts purchased from foreign manufacturers? Yes No  
 If yes, describe: \_\_\_\_\_
12. Do you assemble the product? Yes No
13. Has the product been tested by Underwriters Laboratories? Yes No
14. Is it UL listed? Yes No
15. What percentage of sales are for replacement parts? \_\_\_\_\_
16. Has your product ever been subject to any inquiry or investigation by any governmental agency concerning the efficiency, adequacy of labeling, hazardous contents or safety? Yes No  
*If yes, attach full details and result of such inquiry.*
17. Do you maintain and/or service the products? Yes No  
*If yes, attach full details including a copy of your standard written service contract and gross receipts from this source.*
- a. Do you maintain complete inventory records of shipments and/or deliveries to consignees? Yes No
- b. Can the date of manufacture of each product be identified by the factory number stamped on it? Yes No
- c. Have you ever recalled any of your products for any reason? If yes, attach details. Yes No
- d. Are serial and/or batch numbers shown on the finished product and on shipment invoices? Yes No
- e. Do you keep samples of products involved in your quality control procedures? Yes No  
 If yes, how long are samples retained? \_\_\_\_\_
- f. Do you have a product recall plan? Yes No  
*If yes, attach description.*
18. Is original installation of products performed by your employees? Yes No  
 If no, does the installer supply parts not manufactured by you? Yes No
19. Are any of your products subject to deterioration? Yes No  
 If yes, describe and indicate period of time: \_\_\_\_\_
20. Are any of your products inflammable or explosive? Yes No  
*If yes, attach details.*
21. Do you issue guarantees or warranties to purchasers? Yes No  
 If so, for what periods do you guarantee or warrant your products? \_\_\_\_\_  
*Attach full details and copy of your form of guarantee or warranty.*
22. Do you agree to hold dealers, distributors, subcontractors or suppliers harmless against claims or suits for bodily injury or property damage in connection with your products? Yes No  
*If yes, attach copies of your standard forms.*
23. Are any of the above dealers, etc. affiliated with you? Yes No  
 If yes, explain: \_\_\_\_\_
24. If you are a distributor, are you insured by the manufacturer? Yes No
25. Is your product used by Aircraft or Aerospace Industry? Yes No
26. How many years have you been in business under the present name? Yes No
27. Have any of the principals ever engaged in this or similar enterprises under a different name? Yes No  
*If yes, attach details.*

28. Do you plan to manufacture any new products to be marketed within the next 12 months? Yes No  
*If yes, attach description.*

29. Have you ceased to manufacture any products during the past 5 years? Yes No  
*If yes, attach description and sales by year.*

If any products are accompanied by any written brochure, labels, instructions or other written statements, attach copies.

28. Show sales for five (5) years: (Attach list if necessary)

YEAR	GROSS SALES	PRODUCT NAME
1.		
2.		
3.		
4.		
5.		

29. What is estimated sales for this year? \_\_\_\_\_

30. Give claims history in following form or equivalent (5 years) (Amounts shown should be from the ground up)

YEAR	CLAIMS PAID		RESERVES OPEN		INSURER'S NAME
	NUMBER	AMOUNT	NUMBER	AMOUNT	
1.					
2.					
3.					
4.					
5.					

31. Has any insurer ever cancelled or refused to issue or renew your products liability insurance? (Not applicable in Missouri)  
 If yes, why? \_\_\_\_\_

*This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.*

**APPLICABLE IN THE STATE OF NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

*(Applicable to Florida Agents Only.)*

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written requests, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE