

Product Liability Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

1. Business of Applicant is: ☐ Manufacturer ☐ Distributor ☐ Direct Importer ☐ Broker ☐ Other (Describe) _____

2. Description of operations: _____

3. Years in business: _____

4. Description of all acquisitions completed in the last five years: _____

5. Description of all discontinued products and historical sales for each: _____

6. Total Annual Gross Sales	YEARS	SALES		
		UNITED STATES	FOREIGN*	TOTAL
UPCOMING YEAR (ESTIMATE)	to			
CURRENT YEAR	to			
FIRST PRIOR YEAR	to			
SECOND PRIOR YEAR	to			
THIRD PRIOR YEAR	to			
FOURTH PRIOR YEAR	to			

*If any foreign sales, list countries where your product is sold: _____

UNDERWRITING INFORMATION (Continued)

6. If you distribute products manufactured by others:
- a. Do you directly import any products? ☐ Yes ☐ No
If yes, describe products and provide corresponding sales and countries of origin.

- b. Do you obtain Certificates of Product Liability Insurance from each of your manufacturers/suppliers? ... ☐ Yes ☐ No
If yes, what are the minimum limits of insurance required? _____
- c. Are you included as an Additional Insured-Vendor under each manufacturer's / supplier's Product Liability insurance? ☐ Yes ☐ No
7. If you contract the manufacturing of your product to others, do you have a formal written agreement with your sub-manufacturers? ☐ Yes ☐ No
If yes, **attach** those sections of the agreement(s) pertaining to Product Liability and Product Liability insurance.
8. Do you obtain Certificates of Insurance from all suppliers evidencing Product Liability insurance? ☐ Yes ☐ No
If yes, minimum limits of insurance required? _____
9. Do you or others on your behalf install, service, repair or maintain your products? ☐ Yes ☐ No
If yes, **attach** full details including a copy of your standard written contract and estimate the percentage of sales generated by these operations.
10. Do you maintain formal written quality control and testing procedures? ☐ Yes ☐ No
11. How long are quality control and testing records kept? _____
12. Can you identify your product from those of competitors? ☐ Yes ☐ No
13. Do you maintain records of the following:
- a) When and where your product was manufactured? ☐ Yes ☐ No
- b) To whom your product was sold and the date of sale? ☐ Yes ☐ No
- c) Who supplied the parts and/or supplies going into the product? ☐ Yes ☐ No
- d) Changes in design? ☐ Yes ☐ No
- e) Changes in advertising material? ☐ Yes ☐ No
If yes, how long do you maintain the records? _____

14. Who designs your products? _____

15. Are designs reviewed, tested and verified by others? ☐ Yes ☐ No
If yes, by whom? _____
List their credentials: _____
16. Are all warning labels and instructions for use reviewed by outside counsel? ☐ Yes ☐ No
17. Are your products subject to any government or industry standards? ☐ Yes ☐ No
If yes, are your products in full compliance? ☐ Yes ☐ No
Describe the standards and the documentation: _____

18. Have you attained ISO 9002, QS 9000 or similar Certification? ☐ Yes ☐ No
19. Do you offer training or instruction on the use of your products? ☐ Yes ☐ No
If yes, do you certify the trainees? ☐ Yes ☐ No
20. Do you have a formal written products recall procedure? ☐ Yes ☐ No
If yes, **attach** a copy.

UNDERWRITING INFORMATION (Continued)

21. Have you voluntarily or involuntarily recalled, or are you considering recalling, any known or suspected defective products from the market? ☐ Yes ☐ No

If yes, describe. _____

22. Are you aware of any incident, condition, circumstance, defect or suspected defect in any product or work, which may result in a claim or claims against you that are not listed above? ☐ Yes ☐ No

If yes, **attach** an explanation.

23. Are you aware of any complaint or notice filed in the last three years with any governmental agency or industry regulatory body including but not limited to the U.S. Consumer Product Safety Commission concerning your product? ☐ Yes ☐ No

If yes, **attach** an explanation.

24. Desired Limits. _____ Deductible/SIR. _____

25. Current Carrier Information

CARRIER	LIMITS	DEDUCTIBLE/SIR	RATE	PREMIUM

Coverage Form: ☐ Occurrence ☐ Claims Made, Retro Date: _____

Is current carrier offering renewal? ☐ Yes ☐ No

PRIOR CARRIER HISTORY & LOSS INFORMATION**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
_____	_____	_____ _____ _____	_____	_____
_____	_____	_____ _____ _____	_____	_____
_____	_____	_____ _____ _____	_____	_____
_____	_____	_____ _____ _____	_____	_____
_____	_____	_____ _____ _____	_____	_____

Has the applicant been cancelled or non-renewed in the last three years? ☐ Yes ☐ No

If yes, Explain. _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

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 request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

To Insureds in the States of:

Alabama, Alaska, Arizona, California, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:

NOTICE: In some states, any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Arkansas

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

Ohio

Any person who, with intent to defraud or knowing that he/she 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.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania

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 act, which is a crime, and subjects such person to criminal and civil penalties.

Rhode Island

NOTICE: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime in many states.

Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Producer's Signature

Date

Applicant's Signature

Date