

## 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.

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Producer's Signature	Date	Applicant's Signature	Date
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