



## PRODUCTS & COMPLETED OPERATIONS LIABILITY INSURANCE APPLICATION

### APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer to any question is **None**, please state **None**.
2. Please read carefully the statements at the end of this application.
3. Please attach products brochures, catalogs, service agreements, labels, instructions or other written statements.

### APPLICANT INFORMATION

Proposed Effective Date: \_\_\_\_\_

Full name of all entities to be insured:

Principal Address:

**Note:** No Coverage is available for entities or organizations domiciled outside of the United States of America.

Form of Business:      Corporation      Partnership      Joint Venture      Individual      Other \_\_\_\_\_

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Years in business under present name: \_\_\_\_\_

Website Address: \_\_\_\_\_

Applicant is:      Manufacturer      Wholesaler      Retailer

Importer      Exporter      Distributor      Other: Describe

Describe present or prior affiliation with other firms:

### SPECIFICATIONS

	Requested	Present
A. Limits of Liability	\$ _____	\$ _____
B. Deductible or Self-Insured Retention (Specify):	\$ _____	\$ _____
C. Retroactive Date (if applicable):	_____	_____
D. Present Primary Insurer: _____	Limits: _____	Premium \$ _____
E. Present Excess Insurer: _____	Limits: _____	Premium \$ _____
F. Has any insurer ever cancelled, restricted or refused to renew your products liability insurance? If yes, please attach details:		<input type="checkbox"/> Yes <input type="checkbox"/> No

### PRODUCT AND SALES DATA

A. Any products acquired via an acquisition or merger? ☐ Yes ☐ No If yes, please describe

Did you assume liabilities for these products? ☐ Yes ☐ No If yes, please describe

B. Do you retain liabilities for products or divisions that you no longer control? ☐ Yes ☐ No If yes, please explain including date divested:

Please provide historical sales detail in the table:

Sales History	Total Sales	Domestic Sales	Foreign Sales	Units Sold
Estimated (next 12 months):				
Past 12 months:				
1 <sup>st</sup> Previous Year:				
2 <sup>nd</sup> Previous Year:				
3 <sup>rd</sup> Previous Year:				
4 <sup>th</sup> Previous Year:				

For your estimated sales (next 12 months) describe your products and services in the below table. Show the number of years involved, unit cost and percentage of sales of overall sales.

Products/Services	Applicant acts as a/an						# of Yrs	% of Sales	Unit Cost	Est. Prod. Life	Does Applicant		Products Sold To					
	M	W	R	I	MR	C					Install	Service/Repair	M	W	R	I	MR	GP
											Y	N	Y	N				
											Y	N	Y	N				
											Y	N	Y	N				
											Y	N	Y	N				
											Y	N	Y	N				

M-Manufacturer W-Wholesaler R-Retailer MR-Manufacturers Representative I-Importer C-Contractor GP-General Public

- C. Replacement parts are what percentage of estimated sales? \_\_\_\_\_
- D. Do you plan the introduction of any new products? ☐ Yes ☐ No If yes, please describe
- E. Have you discontinued any products? ☐ Yes ☐ No If yes, please explain below and include the date(s) discontinued and sales amount
- F. Has there been a significant change in product mix? ☐ Yes ☐ No If yes, please describe
- G. Do you directly import any products? ☐ Yes ☐ No If yes, please describe
- H. Do you export products? ☐ Yes ☐ No If yes, please provide percentage of estimated sales and countries sold to:
- I. Could any of your products or services be used on or in connection with aircraft/missile/aerospace? Yes No  
If yes, please provide percentage of estimated sales:
- J. Do your current or past products contain Asbestos, Lead, Silica, Bisphenol A, Phthalates, Benzene or Cadmium? ☐ Yes ☐ No  
If yes, please provide years sold and percentage of sales:
- K. Do you manufacture or distribute nanoscale materials or sell or license nanotechnology to others? ☐ Yes ☐ No  
If yes, please describe and include percentage of estimated sales:
- L. Do you use nanoscale materials in your manufacturing process or are nanoscale materials incorporated into any of your products? Yes ☐ No ☐ If yes, please describe and include percentage of estimated sales:
- M. Do you install your product, or if installed by others, do you supervise the installation? ☐ Yes ☐ No  
If yes, please provide your payroll and/or subcontract cost for the installation: \_\_\_\_\_ ☐ Payroll ☐ Cost

N. Suppliers and Distributors:

- a. Do you hold them harmless or insure them? ☐ Yes ☐ No
- b. Do you obtain certificates of product liability insurance from each of your suppliers? ☐ Yes ☐ No
- c. Do they hold you harmless or insure you? ☐ Yes ☐ No

If yes to any of the above, please provide copies of endorsements naming you as an additional insured and copies of hold harmless agreements.

**CLAIM HISTORY** – Five years or more (attach a hard copy from prior carriers)

Total aggregate losses, from first dollar, including expenses:

Policy Effective Date/Month/Year	Carrier Name	No. of Claims	Total Indemnity and Expense Paid	Total Indemnity and Expense Reserved	Total Incurred

Individual losses valued at \$10,000 or more, from first dollar including defense expenses:

Date of Loss	Product Involved	Describe Occurrence and Injury or Damage	Total Incurred (amount paid and reserved)	Status of Claim (Open or Closed)

Are you aware of any other incidents, conditions, circumstances, defects or suspected defects which may result in claims against you? ☐ Yes ☐ No If yes, please provide details

**LOSS PREVENTION/PRODUCT DESIGN/QUALITY CONTROL**

- A. Have your products ever been subject to inquiry or investigation relative to product safety by any governmental agency or industry regulatory body including but not limited to the Consumer Product Safety Commission? ☐ Yes ☐ No

If Yes, percentage of estimated sales: \_\_\_\_\_

- B. Do you have written products recall plan? If yes, please attach a copy. ☐ Yes ☐ No
- C. Have you ever voluntarily or involuntarily recalled, or are you considering recalling, any known or suspected defective products from the market? ☐ Yes ☐ No If yes, please attach details indicating percent of recovery:

- D. Are your products designed, tested, labeled, and manufactured to meet or exceed all government and industry standards?  
Yes No If yes, please describe those standards:

**LOSS CONTROL/DEFENSE**

- A. Explain how you identify your products and parts from similar competitors' products and parts:

- B. Can you determine, based on available records for all products you have sold:

- a. When any given product item was manufactured? ☐ Yes ☐ No
- b. To whom it was sold, and the date of sale? ☐ Yes ☐ No

**ADDITIONAL COMMENT SECTION:**

## FRAUD WARNING

**Notice to Applicants of all states except Kentucky, Louisiana, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Puerto Rico, Virginia and Washington D.C.:** 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 material 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 the person to criminal and civil penalties and denial of insurance benefits.

**Notice to Kentucky Applicants:** 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.

**Notice to Louisiana Applicants:** 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.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to New Mexico Applicants:** 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.

**Notice to New York Applicants:** 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 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 provision.

**Notice to Oregon Applicants:** Any person who knowingly and with intent to defraud or deceive any insurance company or other person who files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto upon which the insurance company or any other person relies may be a crime and may provide grounds for criminal or civil penalties.

**Notice to Pennsylvania Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person who, files an application for insurance or a 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.

**Notice to Puerto Rico Applicants:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established by be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Notice to Virginia Applicants:** 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.

**Notice to Washington D.C. Applicants: 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.

## ACKNOWLEDGEMENTS, AUTHORIZATION AND SIGNATURE

By signing below, the Applicant agrees, represents and warrants:

1. That the statements contained in this application for insurance, including all statements, information and documents accompanying or relating to this application are accurate and complete and no facts have been suppressed, omitted or misstated; and
2. The policy, if issued, is issued in reliance upon the truth of such statements, including all accompanying statements, information and documents, that are incorporated into and made part of the policy; and
3. Any failure to fully disclose the information requested in this application for insurance, whether by omission or suppression, or any misrepresentation in the statements and information contained in this application, including all statements, information and documents accompanying or relating to this application, renders coverage for any claims(s) null and void and entitles us to rescind the policy from its inception.

Signature\*: \_\_\_\_\_ Title: \_\_\_\_\_  
(Owner, Partner or Officer)

Print or Type Name: \_\_\_\_\_ Date: \_\_\_\_\_

\* Signing this application does not bind the applicant or the company to complete the insurance.