**PRODUCTS LIABILITY APPLICATION**

|  |  |
| --- | --- |
| Applicant’s Name:    Mailing Address:    Location Address: | Agency Name:  Agent No:  Address:    E-mail:  Phone No: |

**PROPOSED EFFECTIVE DATE: From**        **To**        **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture

Limited Liability Company  Other (Specify):

**Website Address:**

**E-mail Address:**       **Phone Number:**

**Inspection Contact:**

**E-mail Address:**       **Phone Number:**

**1. Limit Desired:** $

**2. Deductible Desired:** $

|  |
| --- |
| **3. Completely describe product(s) to be specifically insured and how they are used:** |

|  |
| --- |
| **4. Location(s) at which product(s) are manufactured by the applicant:** |

|  |
| --- |
| **5. Location(s) from which product(s) are distributed directly by the applicant:** |

|  |
| --- |
| **6. Of what materials or components is each product principally composed?** |

**7. a. Does applicant compound ingredients?**  Yes  No

**b. Does applicant package the product?**  Yes  No

**8. Are all products sold under the applicant’s label?**  Yes  No

|  |
| --- |
| If no, describe: |

**9. Does applicant manufacture the product?**  Yes  No

If no, what component parts are purchased?

**10. Is any of the applicant’s work subcontracted to others?**  Yes  No

If yes, state type and percentage:

**11. Are any parts purchased from foreign manufacturers?**  Yes  No

|  |
| --- |
| If yes, describe: |

**12. Does applicant assemble the product?**  Yes  No

**13. a. Has the product been tested by Underwriters Laboratories?**  Yes  No

**b. Is it UL listed?**  Yes  No

**14. What percentage of sales are for replacement parts?**    %

**15. If risk is involved in Meat, Fish, Poultry, Seafood Processing or Curing, Meat Packaging Houses/ Plants and/or Rendering Works, are they approved for operations by the Food Safety and Inspection Service (FSIS) under jurisdiction of United States Department of Agriculture (USDA) or by an equivalent state or federal regulation and inspection program?**  Yes  No

**16. Has the applicant’s 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. Does applicant maintain and/or service the products?**  Yes  No

If yes, attach full details including copy of standard written service contract and gross receipts from this source.

**18. Are serial and/or batch numbers shown on the finished product?**  Yes  No

If yes, can the date of manufacture of each product be identified by the factory number stamped on it?  Yes  No

**19. Does applicant maintain complete inventory records of shipments and/or deliveries to   
consignees?**  Yes  No

If yes, are serial and/or batch numbers shown on the shipment invoices?  Yes  No

**20. Does applicant keep samples of products involved in quality control procedures?**  Yes  No

If yes, how long are samples retained?

**21. Does applicant have a products recall plan?**  Yes  No

If yes, attach description.

**22. Has applicant ever recalled any of their products for any reason?**  Yes  No

If yes, attach details.

**23. Is original installation of products performed by the applicant’s employees?**  Yes  No

If no, does the installer supply parts not manufactured by the applicant?  Yes  No

**24. Are any of the applicant’s products subject to deterioration?**  Yes  No

|  |
| --- |
| If yes, describe and indicate period of time: |

**25. Are any of the applicant’s products inflammable or explosive?**  Yes  No

If yes, attach details.

**26. Does applicant issue guarantees or warranties to purchasers?**  Yes  No

If yes, for what periods does the applicant guarantee or warrant their products?

Attach full details and copy of applicant’s form of guarantee or warranty.

**27. Does applicant agree to hold dealers, distributors or suppliers harmless against claims or suits for bodily injury or property damage in connection with the applicant’s products?**  Yes  No

If yes, attach copies of standard forms.

**28. Are any of the dealers, etc., affiliated with the applicant?**  Yes  No

|  |
| --- |
| If yes, explain: |

**29. If applicant is a distributor, is the applicant insured by the manufacturer?**  Yes  No

**30. Is the applicant’s product used by the aircraft industry?**  Yes  No

**31. a. How many years has the applicant been in business under the present name?**

**b. Have any of the principals ever engaged in this or similar enterprises under a different   
name?**  Yes  No

If yes, attach details.

**32. Does applicant plan to manufacture any new products to be marketed within the next   
twelve (12) months?**  Yes  No

If yes, attach description.

**33. Has applicant ceased to manufacture any products during the past five years?**  Yes  No

If yes, attach description and sales by year.

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

**35. Show sales for the past five years (attach list if necessary):**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Year** | **Gross Sales** | **Product Name** |
| **1.** |  | $ |  |
| **2.** |  | $ |  |
| **3.** |  | $ |  |
| **4.** |  | $ |  |
| **5.** |  | $ |  |

**36. What are the estimated sales for this year?** $

**37. Provide five years of claims history in following form or equivalent:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Claims Paid** | | | **Reserves Open** | | |
| **Year** | **Number** | **Amount** | **Number** | **Amount** | **Insurer’s Name** |
| **1.** |  |  | $ |  | $ |  |
| **2.** |  |  | $ |  | $ |  |
| **3.** |  |  | $ |  | $ |  |
| **4.** |  |  | $ |  | $ |  |
| **5.** |  |  | $ |  | $ |  |

**38. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**  Yes  No

|  |
| --- |
| If yes, describe: |

**39. Does applicant have other business ventures for which coverage is not requested?**  Yes  No

|  |
| --- |
| If yes, explain and advise where insured: |

**40. Has any insurer ever canceled, nonrenewed, declined or refused to issue products liability   
insurance to the applicant?**  Yes  No

|  |
| --- |
| 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.

**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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** 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.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by active owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE: