**PRODUCTS LIABILITY APPLICATION**

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| 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:** $

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

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

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

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| **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

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| 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

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| 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

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| 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

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| 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):**

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| **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:**

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| **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

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| If yes, describe:       |

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

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| 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

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| 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: