PRODUCTS LIABILITY APPLICATION

APPLICANT'S NAME _____
ADDRESS _____
_____
_____

AGENCY _____
AGENT NAME _____
ADDRESS _____
_____

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

1. Limit Desired: _____
2. Deductible Desired: _____
3. Applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other (describe): _____
4. Completely describe product(s) to be specifically insured: _____
   _____
   _____
   _____
5. Location(s) at which product(s) are manufactured by the Applicant: _____
   _____
   _____
   _____
6. Location(s) from which product(s) are distributed directly by the Applicant: _____
   _____
   _____
   _____
7. Of what materials or components is each product principally composed? _____
   _____
   _____
8. (a) Do you compound ingredients? ..... ☐ Yes ☐ No
   (b) Do you package the product? ..... ☐ Yes ☐ No
9. Are all products sold under your label? ..... ☐ Yes ☐ No
   If not, describe: _____
   _____
10. Do you manufacture the product? ..... ☐ Yes ☐ No
    If no, what component parts are purchased? _____
11. Is any of your work subcontracted to others? ..... ☐ Yes ☐ No
    If so, state type and percentage: _____

12. Are any parts purchased from foreign manufacturers? ☐ Yes ☐ No

If yes, describe: _____

_____

13. Do you assemble the product? ☐ Yes ☐ No

14. (a) Has the product been tested by Underwriters Laboratories? ☐ Yes ☐ No

(b) Is it UL listed? ☐ Yes ☐ No

15. What percentage of sales are for replacement parts? _____%

16. Has your 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. Do you maintain and/or service the products? ☐ Yes ☐ No

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

(b) **Do you maintain complete inventory records of shipments and/or deliveries to consignees?** ☐ Yes ☐ No

(c) **Can the date of manufacture of each product be identified by the factory number stamped on it?** ☐ Yes ☐ No

(d) **Have you ever recalled any of your products for any reason?** ☐ Yes ☐ No

If yes, attach details.

(e) **Are serial and/or batch numbers shown on the finished product and on shipment invoices?** ☐ Yes ☐ No

(f) **Do you keep samples of products involved in your quality control procedures?** ☐ Yes ☐ No

If yes, how long are samples retained? _____

(g) **Do you have a products recall plan?** ☐ Yes ☐ No

If yes, attach description.

18. Is original installation of products performed by your employees? ☐ Yes ☐ No

19. If no, does the installer supply parts not manufactured by you? ☐ Yes ☐ No

20. Are any of your products subject to deterioration? ☐ Yes ☐ No

If yes, describe and indicate period of time: _____

_____

21. Are any of your products inflammable or explosive? ☐ Yes ☐ No

If yes, attach details.

22. Do you issue guarantees or warranties to purchasers? ☐ Yes ☐ No

If so, for what periods do you guarantee or warrant your products? _____

Attach full details and copy of your form of guarantee or warranty.

23. Do you agree to hold dealers, distributors or suppliers harmless against claims or suits for bodily injury or property damage in connection with your products? ☐ Yes ☐ No

If yes, attach copies of your standard forms.

24. Are any of the above dealers, etc., affiliated with you? ☐ Yes ☐ No

If yes, explain: _____

_____

25. If you are a distributor, are you insured by the manufacturer? ☐ Yes ☐ No

26. Is your product used by aircraft industry? ..... ☐ Yes ☐ No

27. (a) How many years have you 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.

28. Do you plan to manufacture any new products to be marketed within the next 12 months?..... ☐ Yes ☐ No

If yes, attach description.

29. Have you ceased to manufacture any products during the past five years? ..... ☐ Yes ☐ No

If yes, attach description and sales by year.

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

31. Show sales for five years: (Attach list if necessary)

NO.	YEAR	GROSS SALES	PRODUCT NAME
1.			
2.			
3.			
4.			
5.			

32. What are the estimated sales for this year? _____

Give claims history in following form or equivalent (five years) (Amounts shown should be from the ground up)

NO.	CLAIMS PAID			RESERVES OPEN		
	YEAR	NUMBER	AMOUNT	NUMBER	AMOUNT	INSURER'S NAME
1.						
2.						
3.						
4.						
5.						

33. Has any insurer ever canceled or refused to issue or renew your products liability insurance?..... ☐ 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.

FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

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

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)