

**PRODUCTS LIABILITY APPLICATION**

- 1 Name of Applicant \_\_\_\_\_
- 2 Address (Business) \_\_\_\_\_
- 3 Branch Office Location \_\_\_\_\_
- 4 Individual \_\_\_\_\_ Co-Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_
- 5 How many years have you been in business under the present name? \_\_\_\_\_  
Have you or your principals ever engaged in this or similar enterprises un a different name? \_\_\_\_\_  
If "yes", attach full details. \_\_\_\_\_
- 6 A) Location of factories or stores at which products are manufactured \_\_\_\_\_  
\_\_\_\_\_  
B) Location of factories or stores from which products are distributed directly by you \_\_\_\_\_  
\_\_\_\_\_
- 7 A) Furnish complete description of the products to be insured \_\_\_\_\_  
\_\_\_\_\_  
B) Of what materials or principal components are each of these principally composed? \_\_\_\_\_  
\_\_\_\_\_
- 8 Do you manufacture the complete products? \_\_\_\_\_  
If not, what component parts are purchased by you? \_\_\_\_\_
- 9 Do you assemble the products? \_\_\_\_\_  
A) Do you supervise the assembly of the products? \_\_\_\_\_
- 10 Do you maintain and/or service the products? \_\_\_\_\_  
Is so, attach full details including copy of your standard written services contract and receipts from this source.
- 11 Do you maintain quality control procedures? \_\_\_\_\_  
If so, attach a brief outline of such procedures \_\_\_\_\_
- 12 A) Do you maintain complete inventory records reflecting shipments and/or delivery to consignees and are serial numbers and/or batch numbers shown on the finished products and on shipment invoices?  
B) Can the date of manufacture of each product be identified by the factory number stamped on it? \_\_\_\_\_  
C) Do you keep samples of products involved in your quality control procedures? \_\_\_\_\_  
If so, how long are samples retained? \_\_\_\_\_
- 13 A) Have you ever recalled any products for any reasons? \_\_\_\_\_ If so, attach details.  
B) Do you have a products recall plan? \_\_\_\_\_ If so, attach description.
- 14 Has your product ever been subjected to any inquiry or investigation by any government Agency concerning the efficiency, adequacy of labeling, hazardous contents, or safety? \_\_\_\_\_  
If so, attach full details and results of such inquiry.

15 Estimated total payroll \_\_\_\_\_

A) Are any of the above affiliated with you? \_\_\_\_\_

If so, explain \_\_\_\_\_

B) If you are a distributor, are you insured by the manufacturer? \_\_\_\_\_

In the event your product is accompanied by any written brochure, labels, instructions or other written statements, attach copies \_\_\_\_\_

Attached is a copy of the most recent annual report. If not available. State reason. \_\_\_\_\_

What products do you distribute in bulk to wholesalers without putting up in any original containers? \_\_\_\_\_

If product involves a bottler or soft or carbonated drinks, what is the total estimated number of fillings? \_\_\_\_\_

What materials or Products handled by you are poisonous either by themselves or in combination with other materials? \_\_\_\_\_

Are you affiliated in any manner with any of your suppliers or distributors? \_\_\_\_\_

Set forth the percentage distribution of your products:

West Coast \_\_\_\_\_ East Coast \_\_\_\_\_ Midwest \_\_\_\_\_

Southwest \_\_\_\_\_ Southeast \_\_\_\_\_

Indicate percentage of activity conducted.

Manufacturer \_\_\_\_\_ Wholesaler \_\_\_\_\_ Retailer \_\_\_\_\_ Contractor \_\_\_\_\_

Indicate percentage of others.

Repackaged \_\_\_\_\_ Subcontracted \_\_\_\_\_ Other \_\_\_\_\_

If the product to be insured is a cosmetic, pharmaceutical or edible, do you compound ingredients and package same? \_\_\_\_\_

Limits of Liability required: Bodily Injury \$ \_\_\_\_\_ each person  
\$ \_\_\_\_\_ each accident  
\$ \_\_\_\_\_ policy period aggregate

Combined single limit and aggregate Property Damage \$ \_\_\_\_\_ each accident  
\$ \_\_\_\_\_ policy period aggregate  
Deductible \$ \_\_\_\_\_

Base rate on: Sales \_\_\_\_\_ Units \_\_\_\_\_ Other - describe \_\_\_\_\_

Will you place excess or umbrella over this insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what limit: \_\_\_\_\_

The proposed warrants and agrees that the above answers including attachments are in all respects true and shall be deemed material and made to induce the company (Underwriters to issue a policy. Proposer warrants and agrees that the policy if issued shall apply only in respect of those products described and listed Paragraph 7 of this Application unless the Company agrees to endorse said policy to include such additional products.

Producer \_\_\_\_\_

Insured's Signature \_\_\_\_\_

Official Position \_\_\_\_\_ Date \_\_\_\_\_

**Please return this application to  
to your Insurance Representative**

**Company Representative  
submitting this line**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**16 PRIOR CARRIER AND LOSS HISTORY\* (PAST 5 YEARS) Secured from Prior Carrier Assured**

\* (Fully describe any loss in excess of \$2,500)

Period	Insured & Policy No.	Premium	Rate	Deductible	Limit	No. of Claims	Losses	
							Paid	Outstanding

B) Are you aware of any incidents not yet reserved, that may result in claims against you? \_\_\_\_\_

C) Has any Insurance Company or Underwriter ever refused to issue or cancelled your Products Public  
Liability Insurance? \_\_\_\_\_

**17 A) Show sales for 5 years with principal products shown on percentage basis:**

**PRINCIPAL PRODUCT (IDENTIFY)**

SALES	NAME	%	# UNITS
Est (next 12 mo)			
Past 12 months			
1st Previous Year			
2nd Previous Year			
3rd Previous Year			
4th Previous Year			
5th Previous Year			

B) What Percentage of sales are for replacement parts? \_\_\_\_\_ %

C) What products have you ceased to manufacture during the past 5 years ) attach description and sales by year)

D) Do you plan manufacturing any new products to be marketed within the next 12 months? \_\_\_\_\_

If so, attach description \_\_\_\_\_

**18** A) Is initial installation of such products made by your employees? \_\_\_\_\_

B) if not, does the installer supply parts not manufactured by you? \_\_\_\_\_

**19** Are any of your products subject to deterioration and if so, over what period of time? \_\_\_\_\_

**20** Are any of your products inflammable or explosive? \_\_\_\_\_ If so, attach details.

**21** Do you issue guarantees and/or warrant yuour products? \_\_\_\_\_

If so, for what period do you guarantee and/or warrant your products? \_\_\_\_\_

**22** What products do you distribute in original containers for direct consumption by the consumer? \_\_\_\_\_

**23** A) Do you agree to hold dealers, distributors or suppliers harmless against claims or suits for personal injuries or property damage in connection with your products? \_\_\_\_\_

Is so, explain \_\_\_\_\_