



# DISCONTINUED PRODUCTS APPLICATION

Applicant Name:

Agent's Name:

Mailing Address:

Mailing Address:

Location Address:

Proposed Effective Date:

From: 12:01 A.M. Standard Time at the address of the Applicant

To:

Bankruptcy – Within the last 5 years, were there any pending or planned bankruptcies, or judgements for unpaid taxes against you, or your majority partner?

Yes No

Receivership – Within the last 5 years, has the property undergone or are there any plans for the property to undergo receivership?

Yes No

FEIN:

Applicant is: Individual Corporation Joint Venture LLC

Partnership Other – Specify:

Business of Applicant is: Manufacturing Broker Distributor

Direct Importer Other – Specify:

Inspection and Audit Information:

Contact Name:

Title:

Phone Number:

Website:

- 1) Date business established:
- 2) What is the effective date of the sale, divestiture or discontinuation of the products?
- 3) Description of discontinued products:

4) Was product discontinued for safety reasons? Yes No

If Yes, explain:

5) Do products contain any foreign sourced components? Yes No

If Yes, provide details:

6) Have any products been recalled in the past? Yes No

7) What is the expected shelf life (# of years) of the products?

8) Describe and quantify any incomplete or unsold inventory currently and indicate the disposition plans for any such inventory:

9) Is there a formal product recall procedure in place? Yes No

10) Where are the products manufactured?

11) Provide actual annual revenue figures for the last 5 years:

Year	Sales United States	Sales Canada	Sales U.K., Ireland & Australia	Sales All Other Countries	Sales Total
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

12) If the Applicant distributed products manufactured by others, confirm the following:

a. Are the final products are directly imported from a foreign company? Yes No

b. Are Certificates of Product Liability Insurance required and obtained from each of the manufacturers/suppliers? Yes No

If Yes, minimum limits of insurance required:

c. Is the Applicant included as an Additional Insured-Vendor under each manufacturer's/ supplier's Product Liability Insurance? Yes No

13) Does the Applicant maintain formal written quality control and testing procedures? Yes No

14) How long are quality control testing records kept?

15) Can the Applicant identify their products from competitors? Yes No

16) Are records maintained of the following:

a. When and where the product was manufactured? Yes No

b. To whom the product was sold and the date of sale? Yes No

c. Who supplied the parts and/or supplies going into the product? Yes No

d. Changes in design? Yes No

e. Changes in advertising material? Yes No

f. How long are records maintained?

17) Who designs the Applicant's products?

- |   |           |
|---|-----------|
| 18) Are designs reviewed, tested and verified by others?<br>If yes, by whom?<br>List credentials:   | Yes    No |
|   |           |
| 19) Are any of the products (check all that apply)<br>In connection with aircraft, aerospace, or watercraft<br>In connection with nuclear or other energy facilities<br>Explosive or flammable<br>Contaminative, pathogenic, toxic / poisonous or other pollutant or hazardous products containing asbestos, silica, lead or other hazardous materials<br>In connection with drug, medical device, dietary supplement or cosmetics<br>Alcohol, firearm, vaporizer, or tobacco related products<br>Children's products |           |
| 20) Are all warning labels and instructions for use reviewed by outside counsel?  | Yes    No |
| 21) Is the Applicant aware of any incident, condition, circumstance, defect or suspected defect in any product of work, which may result in a claim or claims against the Applicant that are not listed above?<br>If Yes, describe:   | Yes    No |
|   |           |
| 22) Is the Applicant aware of any complaint or notice filed in the last three years with any governmental agency or industry regulatory body including but not limited to the U.S. Consumer Product Safety Commission concerning the product?<br>If Yes, describe:  | Yes    No |
|   |           |
| 23) Is the Applicant aware of any study, analysis or trial conducted or being conducted by or on behalf of any governmental agency or industry regulatory body to examine the safety of the product?<br>If Yes, describe:   | Yes    No |

## Fraud Notices

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \* Applies in FL only.

**Applicable in KS:** Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** 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 to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY only.

**Applicable in ME, TN, VA, and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** 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 may 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.

**Applicable in all other States:** 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

**Other State Notices**

**Applicable in RI:** THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

***If you prefer not to return the questionnaire with an electronic signature, please print and sign.***