



INSURANCE GROUP

| a Berkley Company

PRODUCT LIABILITY APPLICATION MACHINERY & EQUIPMENT

(ALSO ATTACH AN ACORD APPLICATION)

Full Name of Applicant:

Agent's Name:

Mailing Address:

Mailing Address:

Location

Proposed Effective Date:

Website

From:

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

(If none, attach brochures or advertising material depicting all products)

To:

Applicant is:

Individual

Joint Venture

LLC

Corporation

Partnership

Other - Specify

Business of Applicant is:

Manufacturer

Broker

Direct Importer

Distributor

Other (Describe)

1) Years in Business under current and prior names:

2) Description of operations:

3) Description of all discontinued products and historical sales for each:

4) Description of all acquisitions of companies and operations in the last 5 years, including whether or not you assumed liabilities of these companies or operations:

5) Annual Sales:

Upcoming year estimate:	\$
Current Year	\$
First Prior Year	\$
Second Prior Year	\$
Third Prior Year	\$
Fourth Prior Year	\$

6) Percentage of your sales:

a. You manufacture or assemble:	%
b. You import directly from other countries, including what you contract out to be manufactured:	%
c. New finished product you obtain from other companies located in the United States:	%
d. Used equipment, machinery or supplies:	%
e. Installation, repair or servicing you provide or arrange for others to provide:	%
f. Rental (without operator):	%
g. All other Sales (please describe)	%

=100%

7) If you distribute products manufactured by others:

a. Percentage of your sales that come from suppliers who provide you with a certificate of insurance:	%
b. Percentage who also provide you with additional insured coverage in their insurance policy:	%
c. Percentage of your sales that involve product designed by you but manufactured by others:	%

8) Percentage of your products you sell to:

a. Manufacturers in which your product is a part or component:	%
b. Wholesalers:	%
c. Retailers:	%
d. Consumers:	%
e. Others (please describe)	%

=100%

9) Percentage of your sales to customers located in:

a. United States	%
b. Canada	%
c. U.K., Ireland and Australia:	%
d. All other countries:	%

=100%

10) If you import directly from other countries, list the countries of origin:

11) Percentage of products you manufacture, assemble or import that are made to the specifications and designs of your customers: %

12) If you install or hire others to install for you:

a. Percentage that go into or on residential and habitational properties: %

b. Costs you incur for subcontracting out the installation to others: \$

c. Do you require all contractors to:

i. Sign a written contract in which the contractors agree to hold you harmless? YES NO

ii. Provide you with certificates of insurance for limits at least equal to the limits you are seeking from us? YES NO

iii. Add you as an additional insured on their insurance policy? YES NO

13) If you rent equipment to others:

a. Do you ever provide operators with the equipment you rent? YES NO

b. Do you require a rental agreement to be signed? (attach a copy) YES NO

c. Does the rental agreement include a hold harmless provision in your favor? YES NO

d. Does the rental agreement include an insurance provision in which you are required to be an additional insured? YES NO

14) Quality Assurance Procedures (QA):

a. Do you maintain formal written quality control and testing procedures? YES NO

b. Is there a full time employee in charge of the QA program? YES NO

c. Are designs reviewed, tested and verified by others? YES NO

d. Are advertising materials, instructions and warnings reviewed by outside counsel? YES NO

e. Testing:

i. Do you have pre-production testing of raw materials? YES NO

ii. Percentage of finished product you sell that is tested by you, regardless of who makes the product: %

iii. Percentage of finished product you sell that is tested by an independent testing facility, regardless of who makes the product: %

f. Record Maintenance:

i. Do you maintain records of when and where your product was manufactured? YES NO

ii. Do your records show to whom your product was sold and the date of sale? YES NO

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|---|-----|----|
| iii. Can you identify the names of the persons and organizations that supplied you with the parts and materials that went into the product? | YES | NO |
| iv. Do you keep records of changes in design and advertising materials? | YES | NO |
| v. Do your records show a specific identification number for each product sold? | YES | NO |
| vi. How long do you keep records of tests, sales, advertising materials and instructions? | | |
| 15) Can you identify your product from those of others: | YES | NO |
| 16) Are your products subject to any government or industry standards? | YES | NO |
| If yes: | | |
| a. Are all the products you sell in full compliance with such standards and regulations? | YES | NO |
| b. Please list the government agencies and industry organizations that set the standards for any products you sell: | | |
| 17) Have you attained ISO 9000, QS 9000 or similar Certification? | YES | NO |
| 18) Do you manufacture or sell any product or parts for use in: | YES | NO |
| a. Aircraft | YES | NO |
| b. Firearms or other weapons | YES | NO |
| c. Medical devices | YES | NO |
| If you answered yes to any of these, please provide details: | | |
| 19) Do you plan to add any new products or make changes to your operations in the next 12 months? | YES | NO |
| If yes, please provide details: | | |
| 20) Have there been any significant changes to your product mix or operations in the last 3 years? | YES | NO |
| If yes, please provide details: | | |
| 21) Do you have a formal written product recall procedure? | YES | NO |
| If yes, please attach a copy. | | |

22) Have you voluntarily or involuntarily recalled, or are you considering recalling, any products for any reason? YES NO

If yes:

- a. Describe the products involved
- b. The reason for the recall
- c. The number of units subject to the recall
- d. How many units actually came back or you can document were destroyed

23) Do you manufacture, create, use or sell any nanoparticles, whether or not such nanoparticles are your finished product or a component of any product you manufacture, distribute or sell? YES NO

If yes:

- a. Are any of these nanoparticles carbon nanotubes or fullerenes? YES NO
- b. Provide details of all such nanoparticles

24) Five year carrier and loss history (or check here if no insured or uninsured losses in five years):

Policy Period	Carrier	SIR/DED	Claims Valuation Date	# Claims	Reserved	Paid	Total Incurred

25) Are you aware of any incident, condition, circumstance, defect or suspected defect in any product or work, which may result in a claim or claims against you that are not listed above? YES NO

If yes, please provide explanation below

26) Are you aware of any complaint or notice filed in the last three years with any governmental agency or industry regulatory body concerning your product? YES NO

If yes, please provide explanation below

27) Are you 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 your product? YES NO

If yes, please provide explanation below

28) Current Carrier: Limits: Deductible/SIR:
Premium: Rate: Coverage Form: Occurrence Claims-Made Retro Date:

Is Current Carrier offering renewal? YES NO

29) Desired Limits: Deductible/SIR:

30) Is there anything else you would like us to know about you?

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. 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 nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application.

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.

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:

Current Date:

Title:

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