



PRODUCT LIABILITY APPLICATION MACHINERY AND EQUIPMENT (ALSO ATTACH AN ACORD 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:

Website:

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

Applicant is: Individual Corporation Joint Venture LLC

Partnership Other – Specify:

Business of Applicant is: Manufacturer Broker Distributor

Direct Importer Other – Specify:

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

Inspection and Audit Information:

Contact Name:

Title:

Phone Number:

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 five 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. Retailer: %
- 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 material, instruction 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
 - iii. Can you identify the names of the persons and organizations that supplied you with the parts and material 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 ISA 9000, QS 9000 or similar Certification? Yes No
- 18) Do you manufacture or sell any product or parts for use in:
- 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 loss history (or check here if no insured or uninsured losses in five years)::

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

25) Are you aware of any incident, condition, circumstance, defect or suspected defect in any product of work, which may result in a claim or claims against you that are not listed above? Yes No
 If Yes, please describe:

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 describe:

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 describe:

28) Current Carrier:

Limits:

Deductible/SIR:

Rate:

Premium:

Retro Date:

Coverage Form: Occurrence Claims-Made

Is Current Carrier offering renewal? Yes No

29) Desired Limits:

30) Desired Deductible/SIR:

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

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.