



PRODUCT LIABILITY APPLICATION

Ed. 8-09

Applicant Name: _____
 Mailing Address: _____

 Location: _____
 Web Site: _____

Agent's Name: _____
 Address: _____

Proposed Effective Date:
 From: _____ To: _____
 12:01 A.M, Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture LLC Other (Specify)

Business of Applicant is: Manufacturer Distributor Direct Importer Broker Other (Describe) _____

Contact name, title and phone number for inspection and audit: _____

- Years in business: _____
- Description of operations: _____

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

4. Description of all acquisitions completed in the last five years: _____

5. Annual sales:		Sales - United States	Sales - Canada	Sales - U.K., Ireland & Australia	Sales - All Other Countries	Sales - Total
Upcoming Year (Estimate)	_____ to _____	_____	_____	_____	_____	_____
Current Year	_____ to _____	_____	_____	_____	_____	_____
First Prior Year	_____ to _____	_____	_____	_____	_____	_____
Second Prior Year	_____ to _____	_____	_____	_____	_____	_____
Third Prior Year	_____ to _____	_____	_____	_____	_____	_____
Fourth Prior Year	_____ to _____	_____	_____	_____	_____	_____

- If you distribute products manufactured by others:
 - Do you directly import your final product from a foreign company? Yes No If yes, please complete our FOREIGN-MANUFACTURED PRODUCT SUPPLEMENTAL QUESTIONNAIRE.
 - Do you obtain Certificates of Product Liability Insurance from each of your manufacturers/suppliers? Yes No
 If yes, minimum limits of insurance required: _____
 - Are you included as an Additional Insured-Vendor under each manufacturer's/supplier's Product Liability insurance? Yes No

7. If you contract the manufacturing or assembly of your final product to others, is any manufacturing or assembly performed by a foreign company? Yes No If yes, please complete our FOREIGN-MANUFACTURED PRODUCT SUPPLEMENTAL QUESTIONNAIRE.
8. If you contract the manufacturing or assembly of your product to a domestic company, do you have a formal written agreement with each sub-manufacturer? Yes No If yes, please attach those sections of the agreement(s) pertaining to Product Liability and Product Liability insurance.
9. Do you obtain Certificates of Insurance from all suppliers evidencing Product Liability insurance? Yes No If yes, minimum limits of insurance required: \$_____
10. Do you or others on your behalf install, service, repair or maintain your products? Yes No If yes, attach full details including a copy of your standard written contract and estimate the percentage of sales generated by these operations: \$_____
11. Do you maintain formal written quality control and testing procedures? Yes No
12. How long are quality control and testing records kept? _____
13. Can you identify your product from those of competitors? Yes No
14. Do you maintain records of the following:
- a) When and where your product was manufactured? Yes No
 - b) To whom your 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
- If yes, how long do you maintain the records? _____
15. Who designs your products? _____
16. Are designs reviewed, tested and verified by others? ___ Yes ___ No If yes, by whom? _____
Please list their credentials: _____
17. Are all warning labels and instructions for use reviewed by outside counsel? Yes No
18. Are your products subject to any government or industry standards? Yes No If yes, are your products in full compliance Yes No
Describe the standards and the documentation: _____
19. Have you attained ISO 9000, QS 9000 or similar Certification? Yes No
20. Do you offer training or instruction in the use of your products? Yes No If yes, do you certify the trainees? Yes No
21. Do you have a formal written products recall procedure? Yes No If yes, please attach a copy.
22. Have you voluntarily or involuntarily recalled, or are you considering recalling, any known or suspected defective products from the market? Yes No If yes, please describe: _____

23. Do you or others (including your suppliers and contract manufacturers) manufacture, create or use **carbon nanotubes or fullerenes** in any product manufactured, sold or distributed? Yes No If yes, please describe the end products or component parts in detail.

24. Are nanoscale materials or nanoparticles **other than carbon nanotubes and fullerenes** used by you or others (including your suppliers and contract manufacturers) in the manufacture or creation of any product, or component part of any product, sold or distributed?
 Yes No If yes, please describe the nanoscale materials, nanoparticles and end products in detail. _____

25. 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

26. 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 attach an explanation.

27. Are you 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 your product? Yes No If yes, please attach an explanation.

28. 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 attach an explanation.

29. Current Carrier: _____ Limits: _____ Deductible/SIR: _____ Rate: _____ Premium: _____
 Coverage Form: Occurrence Claims-Made Retro Date: _____

Is current carrier offering renewal? Yes No

30. Desired Limits: _____ Deductible/SIR: _____

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.

Signature: _____

Current Date: _____

Typed Name: _____

Title: _____