

# Products Liability Supplement Application



AmTrust E&S Insurance Services  
An AmTrust Financial Company

\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

**Instructions:** All questions must be answered. This application must be signed and dated by an owner, officer, or partner. Please read carefully the statements at the end of this application.

## Section I – Applicant Information

Name of Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Website: \_\_\_\_\_  
 Description of Operations: \_\_\_\_\_

## Section II – Specified Products & Completed Operations

Provide the following information for those products, goods and/or services the applicant wants coverage for.  
**Only those products, goods and services listed below will be considered for coverage.**

Products & Goods (or Specified Categories)	Applicant Acts as a(n)					No. of Years	% of Receipts	Does Applicant		Products & Goods Sold To:			
	M	W	R	I	MR			Install?	Repair/Service?	W	R	C	O
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**M:** Manufacturer    **W:** Wholesaler    **I:** Importer    **R:** Retailer    **MR:** Manufacturers' Rep.    **C:** Consumer Direct  
**O:** Other (describe): \_\_\_\_\_

## Section III – Annual Sales

1. Please enter the total sales for each of the following:

Year	Sales – United States	Sales – Foreign	Sales – Total
Current year _____ to _____	\$ _____	\$ _____	\$ _____
First prior year _____ to _____	\$ _____	\$ _____	\$ _____
Second prior year _____ to _____	\$ _____	\$ _____	\$ _____
Third prior year _____ to _____	\$ _____	\$ _____	\$ _____
Fourth prior year _____ to _____	\$ _____	\$ _____	\$ _____

- a. What percent of total sales are for replacement parts? \_\_\_\_\_ %  
 b. What percent of total sales are for installation? \_\_\_\_\_ %

2. Are any of your products purchased for use outside of the United States?  Yes  No

If YES, please list the countries: \_\_\_\_\_

3. Are any of your products purchased for use outside of the United States?  Yes  No

**If YES, please complete AmTrust E&S Foreign Manufactured Product Supplemental Questionnaire:**

4. Could any of the applicant's products or services be used on or in connection with the following:

- a. Aircraft / Missile / Aerospace / Firearms  Yes  No
- b. Pharmaceuticals / Cosmetics / Vitamins / Herbs  Yes  No
- c. Pollution / Waste Treatment  Yes  No
- d. Transportation / Transit  Yes  No
- e. Watercraft or Offshore  Yes  No

## Section IV – Corporate History & Operations

1. How many years have you been in business under the present name? \_\_\_\_\_

2. Has the applicant or its principals ever engaged in this or similar enterprises under a different name?  Yes  No

**If YES, please provide details:**

3. Does the applicant have any divisions or affiliates not to be insured hereunder?  Yes  No

**If YES, please provide details:**

4. Have there been any acquisitions or divestures in the past five years?  Yes  No

**If YES, provide details and advise how past liabilities were handled:**

5. Have any products been discontinued or recalled in the past five years?  Yes  No

**If YES, please list/give details:**

6. Have any new products been introduced in the past three years  Yes  No

**If YES, please list products and date introduced:**

7. Are any new products proposed for introduction during the ensuing year?  Yes  No

**If YES, please list products:**

8. Has any product been self-insured, uninsured or excluded from previous coverage?  Yes  No

**If YES, please provide details:**

9. Does the applicant distribute products manufactured by others?  Yes  No

**If YES, please complete the following:**

a. Do you directly import your final product from a foreign company?  Yes  No

**If YES, please provide details:**

b. Do you obtain Certificates of Product Liability Insurance from each of your manufactures / suppliers?  Yes  No

**If YES, minimum limits of insurance required: \$ \_\_\_\_\_**

c. Are you included as an Additional Insured-Vendor under each manufacturer's / supplier's insurance?  Yes  No

10. Do you or others on your behalf install, service, repair or maintain your products?  Yes  No

**If YES, please attach full details including a copy of your standard written contract**

**What percent of sales are generated by these operations? \_\_\_\_\_ %**

11. Do you contract the manufacturing or assembly of your product to another company?  Yes  No

Do you have a formal written agreement with each sub-manufacturer?  Yes  No

**Please attach those sections of the agreement(s) pertaining to product liability insurance.**

12. Are any products or parts imported from a foreign manufacturer not having a U.S.-based corporation or quality assurance and assets?  Yes  No

**If YES, please provide details:**

13. Do you offer training or instruction in the use of your products?  Yes  No

**If yes, do you certify the trainees?**  Yes  No

14. Does the applicant rebuild or refurbish any products or assemblies?  Yes  No

**If YES, please provide details:**

15. Are any products sold as component for another company's product?  Yes  No

**If YES, please provide details:**

16. Do your operations involve storing, treating, applying, disposing or transporting of hazardous materials?  Yes  No

**If YES, please provide material safety data sheets with this submission:**

17. Do others manufacture, assemble, package, or install products under your name or label?  Yes  No

**If YES, please provide details:**

18. Does the applicant manufacture, assemble, package, or install products under another's name or label?  Yes  No

**If YES, please provide details:**

### Section V –Loss Prevention & Quality Control:

1. Does the applicant maintain formal written quality control and testing procedures?  Yes  No

**If YES, how long are quality control records kept? :** \_\_\_\_\_

2. Can the applicant's products be identified from those of competitors?  Yes  No

a. Are complete inventory records of shipments and/or deliveries to consignees maintained?  Yes  No

b. Can the date of manufacture of each product be identified by the factory number stamp?  Yes  No

c. Are serial and/or batch numbers shown on the finished product and on shipment invoices?  Yes  No

3. Who designs the applicant's products?  Yes  No

a. Are the designs subject to independent external review, testing, or certification?  Yes  No

b. Does the applicant maintain records of design changes and reasons justifying these changes?  Yes  No

4. Are all instructions, operating manuals, advertisements, warning labels and warranties reviewed by legal counsel?  Yes  No

**If YES, how do you maintain records?**

5. Are the applicant's products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards?  Yes  No

6. Does the applicant have a formal written products recall procedure?  Yes  No

7. 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 provide details:**

## Section VI – Risk Transfer

1. Are hold harmless agreements, warranties or guarantees given to any supplier, distributor or purchaser?  Yes  No  
**If YES, for what periods does the applicant guarantee or warrant products?** \_\_\_\_\_  
**Please attach full details and a copy of the form of guarantee or warranty.**
2. Does the applicant agree to hold dealers, distributors, subcontractors or suppliers harmless against claims or suits for bodily injury or property damage in connection with the applicant's products?  Yes  No  
**If YES, yes, please attach copies of your standard forms.**
3. Does the applicant require certificates evidencing Products Liability Insurance from all suppliers?  Yes  No  
**If YES, what products liability limits of insurance are required of your suppliers? \$** \_\_\_\_\_
4. Any of the applicant's work subcontracted to others?  Yes  No  
**If YES, is the applicant named as an additional insured and held harmless by the subcontractor?**  Yes  No

## Section VII – Loss Information

1. Five-year carrier loss history (or check here if no insured or uninsured losses in five years):  No losses

Policy Period	Carrier	SIR/Deductible	No. of Claims	Reserved	Paid	Total Incurred
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$

2. Are you aware of any incident, condition, circumstance, defect or suspected defect in any product or work, which might result in a claim or claims against you that are not listed above?  Yes  No

**If YES, please provide details:**

3. Have your products ever been subject to any inquiry or investigation by any government agency concerning the efficiency, adequacy of labeling, hazardous contents or safety?  Yes  No

**If YES, please provide details:**

4. 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 details:**

## Fraud Warning

**Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**

**ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

**COLORADO:** 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.

**DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA:** 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

**FLORIDA and OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

**KANSAS:** An act committed by 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 personal or commercial 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 is considered a crime.

**MAINE:** 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 or denial of insurance benefits.

**NEW YORK:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE and WASHINGTON:** 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/or denial of insurance benefits.

## Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

### Applicant:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.**

Name of Producing Agency: \_\_\_\_\_

Signature of Producing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY**