



3. Please provide sales history for products listed above in Question 2

Year	Domestic Receipts	Foreign Receipts	Total Receipts
Current year	\$	\$	\$
1st prior year	\$	\$	\$
2nd prior year	\$	\$	\$
3rd prior year	\$	\$	\$
4th prior year	\$	\$	\$
5th prior year	\$	\$	\$
6th prior year	\$	\$	\$
7th prior year	\$	\$	\$
8th prior year	\$	\$	\$
9th prior year	\$	\$	\$
10th prior year	\$	\$	\$

### Section III – General Information

1. Is the applicant a subsidiary of another entity?  Yes  No

If YES, provide details:

2. Does the applicant have any subsidiaries or related entities not listed above?  Yes  No

If YES, provide details:

3. Have there been any mergers, acquisitions, consolidations or divestitures?  Yes  No

If YES, please describe your obligations for past, present and future liabilities:

4. Have you sold any business in which you have retained liabilities?  Yes  No

If YES, please provide details including list of products manufactured, assembled, packaged or installed by your prior to the date sold:

5. Has this account ever operated under a different name?  Yes  No

If YES, please attach complete list of all prior names and addresses:

6. Does the applicant import any component parts?  Yes  No

If YES, do you maintain a certificate folder providing proof of coverage for vendors, naming you as a vendor, with coverage written in a U.S.-domiciled insurer rated A XV or better?  Yes  No

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

8. Do you manufacture, assemble, package or install products for others under their name or label?  Yes  No

If YES, provide details:

9. Are any of your products or services used in connection with aircraft / missiles / aerospace?  Yes  No

10. Do your products have any exposure to radioactive / nuclear materials?  Yes  No

11. Are any of your products flammable or explosive?  Yes  No  
**If YES, attach details and methods of storage / disposal.**
12. Do your operations involve storing, treating, discharging, applying, disposing or transporting of hazardous materials?  Yes  No  
**If YES, please provide material safety data sheet with this submission.**
13. Do your products contain asbestos, lead, silica, bisphenol A, phthalates, benzene, or cadmium?  Yes  No  
**If YES, years sold and percentage of sales:** \_\_\_\_\_
14. Do you use nanomaterials in your manufacturing process or are nanomaterials incorporated into any of your products?  Yes  No  
**If YES, describe and include percentage of estimated sales:**

**Section IV – Quality Control & Record Keeping**

1. Can you identify your product from those of competitors?  Yes  No  
**If YES, how can these products be distinguished from competitors' products?**
2. Do you maintain a formal written quality control and testing procedures?  Yes  No  
**If YES, how long are quality control and testing records kept?** \_\_\_\_\_  
**If YES, are you required to file the test results with any regulatory body?**  Yes  No
3. Do you maintain records of the following:
- a. Complete inventory records or shipments and/or deliveries to consignees?  Yes  No
  - b. When and where your product was manufactured?  Yes  No
  - c. Who supplied the component parts / or supplies going into your product?  Yes  No
  - d. Changes in design of your product?  Yes  No
  - e. Changes in advertising material and/or sales brochures?  Yes  No
  - f. Batch or product records, serial numbers or copies of guarantees / warranty cards to facilitate tracing the whereabouts of products?  Yes  No
- If YES, how long do you maintain the records?** \_\_\_\_\_
4. Are all instructions, operating manuals, and warning labels reviewed by legal counsel to avoid misunderstanding relative to product safety or intended use?  Yes  No  
**If YES, how often?** \_\_\_\_\_
5. Do you obtain Certificates of Insurance from each of your manufacturers / suppliers?  Yes  No  
**If YES, minimum limits of insurance required:** \_\_\_\_\_
6. Are you added as Additional Insured-Vendor under each manufacturer's / supplier's Product Liability insurance?  Yes  No
7. Please identify the name, address, phone number and web address of the individual responsible for the administration of the deductible / self-insured retention:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Web Address: \_\_\_\_\_

8. Please identify the name, address, phone number and web address of the individual responsible for maintaining all company records, documents, files, etc.:
- Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Web Address: \_\_\_\_\_

## Section V – Claims History

1. Please provide current plus last five years currently-valued hard copy loss runs.

Policy Period	No. of Claims	Total Amount Paid		Amounts Reserved		Valuation Date
		Indemnity	Expense	Indemnity	Expense	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	

2. 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.

3. 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.

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 attach an explanation.

5. Has any product, work, accident or location been excluded, uninsured or self-insured from any previous coverage?  Yes  No

If YES, please explain.

## Section VI – Loss Prevention & Claims Defense

1. Who designs your products? \_\_\_\_\_

2. Do you require Certificates of Insurance evidencing design or architect's and engineer's errors and omission insurance?  Yes  No

If YES, what are the minimum limits of insurance required? \$ \_\_\_\_\_

3. Are designs reviewed and tested by others?  Yes  No

4. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government or industry standards including but not limited to ANSI, DOT, ASTM, etc.?  Yes  No

5. Do you have a formal written products recall procedure?  Yes  No

If YES, please attach a copy.

6. 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:

7. Do you provide any guarantees, warranties, or hold harmless agreements?  Yes  No

If YES, please provide details:

8. Are any of the applicant's products or services subject to registration, regulation or review by any U.S. government agency?  Yes  No

If YES, which agency: \_\_\_\_\_

9. Do you have membership in any industry product-standard organizations (ex: ISO 9000, QS 9000)?  Yes  No  
**If YES, please list:** \_\_\_\_\_
10. Do you offer training or instruction in the use of your products?  Yes  No  
**If YES, do you certify the trainees?**  Yes  No
11. Do you agree to hold dealers, distributors or suppliers harmless against claims or suits for bodily injury or property damage in connection with your products?  Yes  No
12. Do you or others on your behalf install, service, repair or maintain your products?  Yes  No  
**If YES, list full details below and attach a copy of your standard written contract and estimate the percentage of sales generated by these operations:**

### Section VII – Prior Carrier Information

1. Please provide prior insurance information. If none, check here:

	Year: 20____		Year: 20____		Year: 20____		Year: 20____		Year: 20____	
Carrier:										
Policy Type:	<input type="checkbox"/> CM	<input type="checkbox"/> OCC	<input type="checkbox"/> CM	<input type="checkbox"/> OCC	<input type="checkbox"/> CM	<input type="checkbox"/> OCC	<input type="checkbox"/> CM	<input type="checkbox"/> OCC	<input type="checkbox"/> CM	<input type="checkbox"/> OCC
Retroactive Date:										
Policy Limits:	\$		\$		\$		\$		\$	
Occurrence:	\$		\$		\$		\$		\$	
General Aggregate:	\$		\$		\$		\$		\$	
Products Aggregate:	\$		\$		\$		\$		\$	
Premium:	\$		\$		\$		\$		\$	
Attachment Point:	\$		\$		\$		\$		\$	
SIR or Deductible:	<input type="checkbox"/> SIR	<input type="checkbox"/> Ded	<input type="checkbox"/> SIR	<input type="checkbox"/> Ded	<input type="checkbox"/> SIR	<input type="checkbox"/> Ded	<input type="checkbox"/> SIR	<input type="checkbox"/> Ded	<input type="checkbox"/> SIR	<input type="checkbox"/> Ded
Expense within policy limit:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Has any insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past five years?  Yes  No  
**If YES, please explain.**

3. Any product, work, accident or location been excluded, uninsured or self-insured from any previous coverage?  Yes  No  
**If YES, please explain.**

## 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**