

## PRODUCT LIABILITY SUPPLEMENTAL APPLICATION

(please complete all questions)

Agency Name:	
Agent:	
Address:	
E-mail Address:	
Phone Number:	

### Section 1 - Applicant Information

Applicant (First Named Insured): \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Company Website: \_\_\_\_\_

States where you operate: \_\_\_\_\_

Additional Named insureds and description of operations (if coverage requested): \_\_\_\_\_

Years in Business under current name: \_\_\_\_\_

Has the applicant operated under a different business name in the past? (If Yes - please describe):    Yes    No

### Historical Exposures

	Gross Sales	Payroll	Subcontractor Costs	Number of Employees	Total Vehicle Count (If XS AL requested)
Upcoming Year					
Prior Year 1					
Prior Year 2					
Prior Year 3					
Prior Year 4					

### Section 2 - Applicant Operations

1. List complete description of products manufactured, sold or distributed by the applicant (attach products brochure, printed website information, labels or other printed descriptive materials):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. What Industries are your products used in?

% Refineries, Gas Plants, Petrochemical	% Utilities
% Oilfield & Gas	% Other (describe): _____
% Industrial Plants	_____

3. Of what material or principal components are these composed of? \_\_\_\_\_
- 
4. Does applicant manufacture the product? Yes No  
 a. If no, what component parts are purchased? \_\_\_\_\_  
 From whom are the component parts purchased? \_\_\_\_\_
- \*\*b. If products are not manufactured by applicant, are actual manufacturers located in the US? Yes No  
 1. If so, do they carry domestic products insurance at limits of \$1 MM or greater? Yes No
5. Do you require certificates of insurance? Yes No
6. Are any parts purchased from foreign manufactures? Yes No  
 a. If yes, describe: \_\_\_\_\_
- 
7. Do you directly import your final products from a foreign company? Yes No  
 a. If yes, who is the manufacturer and what country? \_\_\_\_\_
- 
8. Does a foreign company manufacture or assemble your final product? Yes No  
 a. If yes, is there a written contract between the foreign manufacturer/assembler of your product and yourself? Yes No  
 b. Does that contract hold you harmless or have indemnification wording in your favor? Yes No  
 c. Who is responsible for warning labels, the applicant or the foreign manufacturer? \_\_\_\_\_  
 d. Will the labeling meet U.S. standards for the particular product? Yes No
9. Does the applicant assemble the final product? Yes No
10. Has the product been tested by Underwriters Laboratories? Yes No  
 a. Is it UL Listed? Yes No
11. Does the applicant install, maintain and/or service the products? Yes No  
 If yes, attach full details including copy of standard written service contract and revenues from this source.
12. Does applicant have a quality control and testing procedure? Yes No
13. How long are quality control and testing records kept? \_\_\_\_\_
14. Are serial and/or batch numbers shown on the finished product? Yes No  
 If yes, can the date of manufacturer of each product be identified by the factory number stamped on it? Yes No
15. Does applicant keep samples of products involved in quality control procedures? Yes No
16. Are all instructions, operating manuals, advertisements and warranties periodically reviewed by Legal Counsel to avoid misunderstandings relative to product safety or intended? Yes No
17. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards? Yes No
18. Does applicant have a written products recall plan? If yes, attach description Yes No
19. Has the applicant ever recalled or is considering recalling any known or suspected defective product from the market? If yes, provide details below: \_\_\_\_\_
- 
20. Does the applicant purchase product recall insurance? Yes No  
 a. If yes, what limits? \_\_\_\_\_
21. Has any product been discontinued in the past 5 years and why? Yes No

22. Does the applicant plan to manufacture any new products to be marketed within the next twelve (12) months? If yes, attach description. Yes No
23. Does applicant agree to hold dealers, distributors or suppliers harmless against claims or suits for bodily injury or property damage in connection with the applicant's products? Yes No
24. Does the applicant issue guarantees or warranties to purchasers? Yes No
- a. If yes, for what period dates the applicant guarantee or warrant their products? \_\_\_\_\_  
 Attach full details and copy of applicants form of guaranty or warranty.
25. If the applicant is a distributor, is the applicant provided vendors coverage by the manufacturer? Yes No

**Section 4 - Coverage & Loss History**

Current Carrier Information

Carrier: \_\_\_\_\_ CGL Limits: \_\_\_\_\_ Retention Amount: \_\_\_\_\_

Pollution Coverage:

S&A: Yes No (Discovery /Reporting )  
 CPL: Yes No Products Pollution: Yes No

Errors and Omissions: Yes No Retroactive Date: \_\_\_\_\_  
 Other Claims Made Coverage(s): \_\_\_\_\_ Retroactive Date: \_\_\_\_\_

We require:

- 5 years of currently valued loss runs (90 days prior to inception) for any requested coverage
- Detailed description of any open loss above \$25,000.

Have you ever been convicted or received a citation for violating any statute, law or other such regulation regarding environmental damage or pollution? Yes No

Has any insurance carrier cancelled or declined to renew similar insurance coverage in the last 5 years to any applicant for reasons of non-payment of premium to any insurance (or finance) company? If Yes, explain: Yes No

Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? For the purpose of the application only, a claim means a receipt of a demand for money, service or arbitration. If "Yes," please describe below, including the name(s) of the person, company, entity and the name(s) and location(s) of the project(s) where such operations were performed (attach separate sheet if necessary): Yes No

Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to: allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? If "Yes," please describe below, including the name(s) and location(s) of the projects where such operations were performed (attach separate sheet if necessary): Yes No

***[Fraud Warning and Signatures on Next Pages]***

## **FRAUD WARNING NOTICE**

**California:** For your protection California law requires the following to appear on this form "Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

**Arizona:** For your protection Arizona law requires the following statement to appear on this form. "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**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 state 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 an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**All other states:**

**WARNING: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS INFORMATION CONCERNING ANY FACT MATERIAL THERETO FOR THE PURPOSE OF MISLEADING SUCH INSURANCE COMPANY OR OTHER PERSON, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A FELONY CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. PENALTIES MAY INCLUDE RESTITUTION, IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.**

*[Signatures on next page]*

## SIGNATURES

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does acceptance or review of this application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

### **APPLICANT SIGNATURE:**

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Title

\_\_\_\_\_  
Applicant Signature\*

\_\_\_\_\_  
Date

\* ELECTRONIC SIGNATURE AND ACCEPTANCE

### **PRODUCER INFORMATION:**

\_\_\_\_\_  
Producer Name (Printed)

\_\_\_\_\_  
Producer Signature\*

\_\_\_\_\_  
Agency/Brokerage Name

\_\_\_\_\_  
License #

\_\_\_\_\_  
Date

\* ELECTRONIC SIGNATURE AND ACCEPTANCE

\* You may sign this form electronically by checking the Electronic Signature and Acceptance box below your signature and then either applying your electronic signature to or typing your name above the signature line on this form. By doing so, you agree that your use of a keypad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third-party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.