



**PRODUCTS AND COMPLETED OPERATIONS LIABILITY APPLICATION**

**Applicant's Instructions:**

1. Answer all questions. If the answer to any question is NONE, please state NONE. Do not use N/A or Not Applicable.
2. Please read carefully the statement at the end of this application.

1. **APPLICANT** **Proposed Effective Date:** \_\_\_\_\_

A. Give the full name of applicant and subsidiary companies. \_\_\_\_\_  
 \_\_\_\_\_

B. Principal Address: \_\_\_\_\_  
 \_\_\_\_\_

C. Website: www. \_\_\_\_\_

D. Corporation \_\_\_\_\_ Partnership \_\_\_\_\_  
 Proprietorship \_\_\_\_\_ Other (specify) \_\_\_\_\_

E. How many years has applicant been in business under the current name? \_\_\_\_\_

F. Have any of the principals ever engaged in this or similar enterprises under a different name?  
 i. Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, attach details)

E. Please state the name, title and telephone number of the person we may contact in order to arrange for an inspection of your operation.

i. Name \_\_\_\_\_  
 ii. Title \_\_\_\_\_  
 iii. Tel.# \_\_\_\_\_

2. **SPECIFICATIONS:** Requested Current

A. Limits of Liability \_\_\_\_\_ \_\_\_\_\_

B. Self-Insured Retention or Deductible (specify): \_\_\_\_\_ \_\_\_\_\_

C. Retroactive Date (if applicable): \_\_\_\_\_

D. Present Insurer: \_\_\_\_\_ and Premium: \_\_\_\_\_

E. Has any insurer ever cancelled, restricted or refused to renew your products liability insurance?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach details.

**3. PRODUCTS AND SERVICES:**

A. Describe your products and services. Show the number of years involved with each product.

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

B. Give the name/industry of your three largest customers:

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

C. Products acquired via acquisition or merger: \_\_\_\_\_  
 Did you retain liabilities for these products? Yes \_\_\_\_\_ No \_\_\_\_\_

D. Have you discontinued any products? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state year discontinued and why:  
 \_\_\_\_\_

E. Do you plan the introduction of any new products? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

F. Who performs the installation of the applicant's product(s)?

- A. Applicant \_\_\_\_\_
  - B. Customer \_\_\_\_\_
  - C. Third party hired by
    - 1. Customer \_\_\_\_\_
    - 2. Applicant \_\_\_\_\_
- (If more than one method used, please explain.)

G. Does applicant retain the liability for any products or operations, which they no longer control?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 (If yes, please explain.)

H. Current and historical sales (Include estimated for next 12 months and actual for past 5 years):

<u>Term</u>	<u>Total Sales</u>	<u>Main Product</u>	<u>Percent of Total</u>
Estimated (next 12 months)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I. Domestic Sales (% of total) % \_\_\_\_\_

Foreign Sales (% of total) % \_\_\_\_\_

J. Payroll \$ \_\_\_\_\_

K. What products have you ceased manufacturing during the past ten (10) years? Provide details or state NONE if NONE applies:

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L. Has there been a significant change in your products or mix of products sold in the last 5 years? (If so please explain)

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M. Will any new products be introduced in the next 12 months? If yes, please explain:

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N. Do you import products or component products? If yes, please explain: \_\_\_\_\_

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O. Have you ever recalled products? Yes \_\_\_\_\_ No \_\_\_\_\_ (If so, attach details)

P. Have any of your products ever been subject to inquiry or investigation relative to product safety by a governmental agency? (If so, attach details) Yes \_\_\_\_\_ No \_\_\_\_\_

Q. Can your products be identified from the products of your competitors?  
(If so, explain how this is done)

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R. Do you manufacture the complete product? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, what components are purchased by you? Describe:

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S. Do you assemble the product? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is the process? Describe:

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T. Do you maintain and/or service the products? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, provide details):

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U. Do you maintain complete inventory records of shipments and/or delivery to consignees? Yes \_\_\_\_\_ No \_\_\_\_\_

V. If you are a distributor and do not actually manufacture the products you sell, then does your manufacturer(s) provide you with vendors liability coverage? Yes \_\_\_\_\_ No \_\_\_\_\_.

W. If you are a distributor, does your name appear anywhere on the product, label or instructions?  
Yes \_\_\_\_\_ No \_\_\_\_\_

X. Are any of your products intended for use on or in connection with:

Aircraft or missiles? \_\_\_\_\_  
 Watercraft? \_\_\_\_\_  
 Offshore operations? \_\_\_\_\_  
 Transportation? \_\_\_\_\_

**4. CLAIMS HISTORY**

A. 5 years or more (attach hard copy loss runs), total aggregate losses, from first dollar, including expenses.

Valuation date of loss information: \_\_\_\_\_

Carrier	Term	# of claims	Indemnity Paid	Expenses Paid	Indemnity Reserved	Expenses Reserved	Total Incurred
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$

B. Individual Losses greater than \$10,000, from first dollar including expenses.

Date of Claim	Product involved	Description of claim	Total Indemnity	Total Expense	Open or closed

C. Are you aware of any other incidents, conditions, circumstances, defects, or suspected defects which may result in claims against you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details: \_\_\_\_\_

D. If you have been self-insured or had an SIR, who adjusted the claims and established reserves?

E. Have you ever been involved or named in any class-action, multi-claimant or multi-district litigation or lawsuits?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details: \_\_\_\_\_

**5. LOSS PREVENTION/QUALITY CONTROL**

- A. Have your products ever been subject to inquiry or investigation relative to product safety by any governmental agency? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please attach details.
- B. Do you have a written products recall plan? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please attach a copy.
- C. Do you do your own design work? Yes\_\_\_\_\_ No\_\_\_\_\_
- D. Do you maintain records of design changes and reasons justifying these changes? Yes\_\_\_\_\_ No\_\_\_\_\_
- E. Do you maintain records of design changes and reasons justifying these changes? Yes\_\_\_\_\_ No\_\_\_\_\_
- A. Are your designs subject to independent external review, testing or certification? If yes, attach details.  
Yes\_\_\_\_\_ No\_\_\_\_\_
- G. Are written testing procedures followed? Yes\_\_\_\_\_ No\_\_\_\_\_
- H. Are instructions, warning labels and advertising texts provided to your customers? Yes\_\_\_\_\_ No\_\_\_\_\_.
- I. Do you provide any specific training/instruction for the ultimate user in the proper use of your product?  
Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
- J. Explain how you identify your products and parts from similar competitors' products and parts: \_\_\_\_\_  
\_\_\_\_\_
- K. Do you require certificates of insurance from your suppliers? (If so, indicate minimum limit acceptable)  
Yes\_\_\_\_\_ No\_\_\_\_\_ \_\_\_\_\_
- L. Do you provide insurance to your distributors? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_
- M. Are your products designed, tested, labeled and manufactured to meet or exceed all industry or government standards? Yes\_\_\_\_\_ No\_\_\_\_\_.

Please sign application on next page.

PLEASE CHECK TO ENSURE THAT ALL QUESTIONS HAVE BEEN ANSWERED

Attach copies of:

- Products brochures, catalogs, service agreements, labels, instructions or other written statements.**
- Latest annual report.**
- 10K report (if publicly traded)**
- Current audited financial statement (or pro forma)**
- Additional explanation to questions herein where appropriate.**

(Note--completion of this application creates no obligation upon the applicant to accept insurance or upon Liberty International Underwriters to offer insurance.)

By signing this application, I am attesting to the accuracy of the information provided. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the coverage, if under binder or policy, is subject to immediate cancellation.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Name of Broker \_\_\_\_\_