

## PRODUCT LIABILITY APPLICATION

Applicant Name:								
Mailing Address:								
Location:								
Web Site:		Proposed Effective D						
	From: To: 12:01 A.M, Standard Time at the address of the Applicant							
				11				
Applicant is:   Individua	al Corporation	☐ Partnership ☐ Joint Venture ☐ LL	C □ Other (Specify)					
Business of Applicant is:	Manufacturer □ Distr	ributor   Direct Importer   Broker	Other (Describe)					
Contact name, title and ph	one number for inspecti	ion and audit:						
Years in business:		_						
2. Description of operation	s:							
3. Description of all discon	escription of all discontinued products and historical sales for each:							
4 Description of all accusion	:::	1						
4. Description of all acquis	mons completed in the	last five years:						
5. Annual sales:								
		Sales – United States	Sales-Foreign	Sales Total				
Upcoming Year (Estima	te)to			<del></del>				
Current Year	to							
First Prior Year	to							
Second Prior Year	to							
Third Prior Year	to							
Fourth Prior Year	to							
6. If you distribute product	you distribute products manufactured by others:							
a. Do you directly imp								
	total sales and countries of origin.							
b. Do you obtain Certi								
•	If yes, minimum limits of insurance required:							
•	c. Are you included as an Additional Insured-Vendor under each manufacturer's/supplier's Product Liability insurance? \( \subseteq \text{Ves} \) \( \subseteq \text{No} \)							

7.	If you contract the manufacturing of your product to others, do you have a formal written agreement with your sub-manufacturers?								
	$\square$ Yes $\square$ No $\square$ If yes, please attach those sections of the agreement(s) pertaining to Product Liability and Product Liability insurance.								
8. Do you obtain Certificates of Insurance from all suppliers evidencing Product Liability insurance? ☐ Yes ☐ No									
	If yes, minimum limits of insurance required:								
9.	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:								
10.	). Do you maintain formal written quality control and testing procedures? ☐ Yes ☐ No								
11.	. How long are quality control and testing records kept?								
12.	2. Can you identify your product from those of competitors? □Yes □ No								
13.	3. Do you maintain records of the following:								
	a) When and where your product was manufactured? $\square$ Yes $\square$ No								
	b) To whom your product was sold and the date of sale? $\Box$ Yes $\Box$ No								
	c) Who supplied the parts and/or supplies going into the product? $\Box$ Yes $\Box$ No								
	d) Changes in design? ☐ Yes ☐ No								
	es in advertising material?   Yes   No								
	If yes, how long do you maintain the records?								
14.	. Who designs your products?								
15.	6. Are designs reviewed, tested and verified by others? Yes No If yes, by whom?								
	Please list their credentials:								
16.	5. Are all warning labels and instructions for use reviewed by outside counsel? $\Box$ Yes $\Box$ No								
17.	7. Are your products subject to any government or industry standards? $\square$ Yes $\square$ No If yes, are your products in full compliance $\square$ Yes $\square$ N								
	Describe the standards and the documentation:								
20.	). Have you attained ISO 9000, QS 9000 or similar Certification? ☐ Yes ☐ No								
21.	. Do you offer training or instruction in the use of your products? $\square$ Yes $\square$ No $\square$ If yes, do you certify the trainees? $\square$ Yes $\square$ No								
22.	2. Do you have a formal written products recall procedure? ☐ Yes ☐ No If yes, attach a copy.								
23.	B. 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:								
24.	Five year carrier and loss history:								
Γ	Policy Carrier SIR/Ded Claims Valuation Date # Claims Reserved Paid Total Incurred								
	Period Period								
-									

25. Are you aware of any incident, condition, circumstance, de	efect or suspected defect in any p	product or work,	which may result in a claim
or claims against you that are not listed above? $\Box$ Yes $\ \Box$ No	o If yes, please attach an expla	anation.	
26.Are you aware of any complaint or notice filed in the last the including but not limited to the U.S. Consumer Product Saturation and explanation.			
27. Are you aware of any study, analysis or trial conducted or	being conducted by or on behal	f of any governn	nental agency or industry
regulatory body to examine the safety of your product? $\ \Box$	Yes □ No If yes, please attach	an explanation.	
28. Current Carrier: Limits:	Deductible/SIR:	_ Rate:	Premium:
Coverage Form: Occurrence Claims-Made Retr	o Date:		
Is current carrier offering renewal? ☐ Yes ☐ No			
29. Desired Limits: I	Deductible/SIR:		
WARRANTY: It is warranted to Admiral Insurance Company policy of insurance and deemed incorporated therein should the I/We hereby authorize the release of claim information from a	ne Company evidence its accepta	ance of the appli	cation by issuance of a policy.
Applicant's Signature	Title		Date

Applicant's Printed Name