



Specialty E&S Division

Products/Completed Operations Liability Application

Full name of applicant \_\_\_\_\_ Principal address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Telephone \_\_\_\_\_ Website address \_\_\_\_\_  
 Years in business under present name \_\_\_\_\_  
 Applicant is:  Manufacturer  Wholesaler  Retailer  Importer  Exporter  Distributor  Other \_\_\_\_\_

**Specifications**

Requested

Present

Limits of liability	\$ _____	\$ _____
Self-insured retention or deductible	\$ _____	\$ _____
Retroactive date (if applicable)	_____	_____
Present Insurer _____	and premium \$ _____	

**Product and Sales Data**

Yes

No

Please provide product detail in the table below:

Indicate if you do any of the following

Description of Major Product(s)	Years Involved	Principal End Uses	Percent of Gross Annual Sales	Indicate if you do any of the following		
				Install	Service & Repair	Distribute
_____	_____	_____	_____	<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	<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	<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

Please provide historical exposure base detail in the table below:

Term	Units Sold	Domestic Sales	Foreign Sales	Total Sales
Estimated (next 12 mos)	_____	_____	_____	_____
Past 12 months	_____	_____	_____	_____
1st previous year	_____	_____	_____	_____
2nd previous year	_____	_____	_____	_____
3rd previous year	_____	_____	_____	_____
4th previous year	_____	_____	_____	_____

(Please explain all "yes" answers)

Yes

No

Do you import products or component parts?	<input type="checkbox"/>	<input type="checkbox"/>
Do you export products or have foreign operations?	<input type="checkbox"/>	<input type="checkbox"/>
Do you purchase material or component parts from others?	<input type="checkbox"/>	<input type="checkbox"/>
Do you retain the liability for any products or operations that you no longer control?	<input type="checkbox"/>	<input type="checkbox"/>

**Product and Sales Data Continued**

*(Please explain all "yes" answers)*

	Yes	No
Are any of your products sold under another's name or label?	<input type="checkbox"/>	<input type="checkbox"/>
Any products acquired via acquisition or merger? _____ If yes, did you assume liability for past sales of these products?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever discontinued any products? If yes, please state year discontinued and why: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you plan the introduction of any new products? If yes, what products? _____	<input type="checkbox"/>	<input type="checkbox"/>
Has there been a significant change in the product mix?	<input type="checkbox"/>	<input type="checkbox"/>
Could any of your products or services be used on or in connection with:		
Aircraft/ Missile/ Aerospace?	<input type="checkbox"/>	<input type="checkbox"/>
Pharmaceuticals / Vitamins/ Herbs?	<input type="checkbox"/>	<input type="checkbox"/>
Watercraft or Offshore?	<input type="checkbox"/>	<input type="checkbox"/>
Construction/ Building Materials?	<input type="checkbox"/>	<input type="checkbox"/>
Oil/ Petrochemical Industry?	<input type="checkbox"/>	<input type="checkbox"/>
Mining/Underground Work?	<input type="checkbox"/>	<input type="checkbox"/>
Percentage of total sales to: Wholesalers _____%, Retailers _____%, Consumers _____%		

**Loss Prevention / Product Design**

	Yes	No
Do you have a written product recall plan? If yes, please attach a copy.	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever voluntarily or involuntarily recalled products because of a potential product safety hazard? If yes, please provide details _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
If you are a distributor and do not actually manufacture the products you sell, does your manufacturer(s) provide you with vendors liability coverage?	<input type="checkbox"/>	<input type="checkbox"/>
If you are a manufacturer, do you hold your suppliers harmless?	<input type="checkbox"/>	<input type="checkbox"/>
Do you do your own design work?	<input type="checkbox"/>	<input type="checkbox"/>
Are your products designed, tested, labeled and manufactured to meet or exceed all government or industry standards?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain records of the following:		
When and where your product was manufactured?	<input type="checkbox"/>	<input type="checkbox"/>
To whom your product was sold and the date of sale?	<input type="checkbox"/>	<input type="checkbox"/>
Who supplied the parts and/or supplies going into the product?	<input type="checkbox"/>	<input type="checkbox"/>

**Instructions / Warnings**

	Yes	No
Is the end user advised of product hazards by:		
Warning labels as needed?	<input type="checkbox"/>	<input type="checkbox"/>
Written instructions?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide specific training or instruction for the ultimate user in the proper use of your product? If yes, please explain _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Does Legal Counsel or top management periodically review all product instructions, warnings, labels, warranties, etc.?	<input type="checkbox"/>	<input type="checkbox"/>

**Quality Control and Testing**

Yes No

Are written testing procedures followed?	<input type="checkbox"/>	<input type="checkbox"/>
How long are quality control and testing records kept? _____		
What percent of your products are tested before sale? _____ %		
Do you use an independent third party testing company? If yes, what company? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a written procedure for obtaining information about product complaints, accidents, and injuries involving your products?	<input type="checkbox"/>	<input type="checkbox"/>
Supplies and components: Are they ordered to your specifications? List critical components of your products _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

**Claim History- 5 years or more** *(attach a hard copy from prior carriers)*

Yes No

Individual losses valued at \$10,000 or more, from first dollar including expenses:

Date of Claim	Product Involved	Describe Occurrence and Injury or Damage	Amount Paid and Reserved
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you aware of any other incidents, conditions, circumstances, defects or suspected defects which may result in claims against you?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide details _____ _____		

**The Applicant agrees and acknowledges that any claim arising from any incident, condition, circumstance, defect or suspected defect known to exist at the time this Application is submitted shall be excluded from coverage.**

**The undersigned officer of the Applicant declares that:**

- (a) He or she is authorized to sign this Application on behalf of the Applicant;
- (b) To the best of his or her knowledge, the statements made herein are true and correct, and reasonable efforts have been made to ascertain that the information set forth is complete and accurate in all respects;
- (c) He or she will notify the insurer immediately in writing if he or she discovers, between the date of this Application and the effective date of the Policy issued on the basis of this Application, any significant adverse change in the condition of the Applicant or other knowledge which renders the information provided in this Application incomplete or inaccurate; and
- (d) He or she understands that any quotation or offer of coverage tendered by the insurer is made in reliance upon the accuracy and completeness of the information provided in this Application.

**This Application must be completed, signed and dated to bind coverage. Signing this Application does not obligate the Applicant to purchase insurance.**

**Applicant Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_