

PRODUCT LIABILITY SUPPLEMENTAL APPLICATION

Note: This application must be completed in addition to the ACORD Applicant Information Section and the Commercial General Liability Application.

Please attach the following information about your products and services and company:

- Brochures, descriptions of your operation, advertising and other information which you believe would assist us in understanding your business activities.
- Financial information – latest annual report, 10k report, current audited financial statement or pro forma.
- Your standard sales, service, or license contracts.

GENERAL INFORMATION:

1. Applicant: _____ Years under this name: _____
2. State of Domicile: _____
3. Number of Employees: Total: _____ Full-time: _____ Part-time: _____ Seasonal: _____
4. Website address: _____ E-Mail Address: _____

5. Please list all patents utilized in applicant's product:

6. Full Name of All Entities Past and/or Present to be Named Insureds:

Name	Description of Operations	Years in Business

	Insurance Requested	Present Insurance
Limits of Liability		
Deductible/SIR		
Occurrence/Claims Made		
Was tail coverage purchased?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Has an insurer ever cancelled, restricted, or refused to renew your products liability insurance? If YES, please attach an explanation.		<input type="checkbox"/> YES <input type="checkbox"/> NO

PRODUCT SCHEDULE

Provide product name, a short description, and the target consumer/user.

#1 _____

#2 _____

#3 _____

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#4 _____

#5 _____

	Product (from Product Schedule above)				
	#1	#2	#3	#4	#5
Applicant Acts as a(an):	(Check all that apply)				
Manufacturer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturers Rep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distributor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retailer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Importer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product is sold to:	(Check all that apply)				
Distributor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retailer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Years in Market					
Product Lifespan					
Number of Units Manufactured per Year					
Cost per Unit	\$	\$	\$	\$	\$
Gross Sales by Product					
Current Year	\$	\$	\$	\$	\$
1 st Year Prior	\$	\$	\$	\$	\$
2 nd Year Prior	\$	\$	\$	\$	\$
3 rd Year Prior	\$	\$	\$	\$	\$
4 th Year Prior	\$	\$	\$	\$	\$
Percent Installed by You	%	%	%	%	%
Percent Installed by Others	%	%	%	%	%
Percent Assembled by End User	%	%	%	%	%
Percent of Replacement Part Sales	%	%	%	%	%

7. If your product is installed by others, does the installer supply parts not manufactured by you? YES NO
8. Do you plan to manufacture any new products to be marketed within the next 12 months? YES NO
If YES, please attach a description.
9. Have any of the principals ever engaged in this or a similar enterprise under a different name? YES NO
If YES, please attach details.

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10. List your 5 largest customers and the products supplied to them:
- a) _____
 - b) _____
 - c) _____
 - d) _____
 - e) _____
11. Do others manufacture, assemble, package, or install products under your name or label? YES NO
If YES, please attach explanation.
12. Do you manufacture, assemble, package, or install products for others under their name or label? YES NO
If YES, please attach explanation.
13. Do you rebuild or refurbish any products or assemblies? YES NO
If YES, please attach explanation.
14. Do you manufacture the complete product? YES NO
If NO, what component parts are purchased? _____
15. Are any products or parts purchased from foreign manufacturers? YES NO
If YES, please describe: _____
16. Are any products or parts imported from a foreign manufacturer not having a U.S. based corporation or quality assurance and assets? YES NO
If YES, please describe: _____
17. Are any of your products purchased for use outside of the United States? YES NO
a) If YES, please list the country(ies): _____
18. Do you have a quality control and testing procedure? YES NO
If YES, how long are quality control and testing records kept? _____
a) Do you keep samples of products involved in your quality control procedures? YES NO
If YES, how long are samples retained? _____
19. Are any of your products subject to deterioration? YES NO
If YES, please indicate product the product and describe the deterioration and the life expectancy: _____
20. Can you identify your product from those of competitors? YES NO
21. Do you maintain complete inventory records of shipments and/or deliveries to consignees? YES NO
22. Can the date of manufacture of each product be identified by the factory number stamped on it? YES NO
Are serial and/or batch numbers shown on the finished product and on shipment invoices? YES NO

WARNINGS AND HAZARDS

23. Are any of your products flammable or explosive? YES NO
If YES, please attach details.
24. Are hazards inherent in the final product, and warnings against foreseeable misuse and abuse, made known to the ultimate user by:
- a) Warning labels at the point of hazards? YES NO
 - b) Written instructions? YES NO
 - c) Other means? If yes, please attach details. YES NO

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25. Could any of your products or services be used on or in connection with:
- a) Pharmaceuticals / cosmetics / vitamins / herbs YES NO
 - b) Aircraft / missile / aerospace / firearms YES NO
 - c) Watercraft or offshore YES NO
 - d) Transportation / pollution / waste treatment YES NO

RISK TRANSFER

26. Any hold harmless agreements, warranties, guarantees given to any supplier, distributor, or purchaser?
If YES, please attach copies. YES NO
27. Do you issue guarantees or warranties to purchasers?
If YES, for what periods do you guarantee or warrant your products? _____
Please attach full details and a copy of your form of guarantee or warranty. YES NO
28. Any products assembled by the end user? YES NO
29. If you are a distributor or retailer, are you named as an additional insured by the manufacturer? YES NO
30. Do you agree to hold dealers, distributors, subcontractors, or suppliers harmless against claims or suits for bodily injury or property damage in connection with your products?
If YES, please attach copies of your standard forms. YES NO
31. Do you require certificates evidencing Products Liability Insurance from suppliers? YES NO
32. What Products Liability limits of insurance do you require of your suppliers? _____
33. Is any of your work subcontracted to others? YES NO
If YES, are you named as an additional insured and held harmless by the subcontractor? YES NO

LOSS PREVENTION, LOSS CONTROL, CLAIM DEFENSE

34. Who designs your products? _____
35. Are designs reviewed, tested, and verified by others? YES NO
36. Do you maintain records of changes in designs, advertisements and sales brochures?
If YES, how long? _____ YES NO
37. Are all instructions, operating manuals, advertisements and warranties periodically reviewed by Legal Counsel to avoid misunderstandings relative to product safety or intended use? YES NO
38. Are your products designed, tested, labeled, and manufactured to meet or exceed all applicable government and industries standards? YES NO
39. Are your products subject to approval by organizations such as UL, ASME, or the FDA?
If YES, please explain: _____ YES NO
40. Has your product ever been subject to any inquiry or investigation by any government agency concerning the efficiency, adequacy of labeling, hazardous contents, or safety?
If YES, please attach full details and the result of such inquiry. YES NO
41. Do you have a specific program to withdraw known or suspected defective products from the market? YES NO
42. Have you ever recalled or are you considering recalling any known or suspected defective products from the market? YES NO
43. Do you maintain and/or service the products?
If YES, please attach full details including a copy of your standard written service. YES NO

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CLAIMS HISTORY

Please provide claim information for the past 5 years (longer if available), including number of claims, total open claims including defense, total amount paid including defense and an explanation for any loss over \$25,000.

	No. of Claims Open	No. of Claims Closed	Total Paid	Total Reserved	Valuation Date
1 st Year Prior					
2 nd Year Prior					
3 rd Year Prior					
4 th Year Prior					
5 th Year Prior					

Date of Loss	Amount	Open/Closed

Explanation: _____

Date of Loss	Amount	Open/Closed

Explanation: _____

44. Do you have any knowledge of any prior incidents that could result in a claim? YES NO
 If YES, please explain: _____

45. What is the most likely product loss scenario?

46. What are the most common failure modes in your operation?

47. What are the most likely consequences of each failure?

48. What are the typical reasons for a return or a request for a refund?

49. Person we may contact to understand your liability exposures:
 Name: _____ Title: _____ Phone Number: _____

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MERGERS AND ACQUISITIONS

50. Merger and Acquisition activated within the last 5 years:

Entity	Product or Service	Date Acquired / Merged

51. Did you assume the liability for any of the above products? YES NO

If YES, please explain _____

DISCONTINUED PRODUCTS

52. Have you ceased to manufacture any products during the past 5 years? YES NO

If YES, please attach a description in addition to any brochures or product info.

53. If yes, please fill out the following information:

Product & Service (or specific categories)	Date Discontinued	No. of Years in Market	Product Lifespan	# of Units Produced	Cost per Unit	Gross Sales
1.						
2.						
3.						
4.						

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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. THE APPLICANT WARRANTS THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS (THIS APPLICATION), ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS. FURTHERMORE, THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE APPLICATION AS IT MAY DEEM NECESSARY.

THE APPLICANT AGREES TO NOTIFY THE COMPANY OF ANY MATERIAL CHANGES IN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION WHICH MAY ARISE PRIOR TO THE EFFECTIVE DATE OF ANY POLICY ISSUED PURSUANT TO THIS APPLICATION AND THE APPLICANT UNDERSTANDS THAT ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN BASED UPON SUCH CHANGES AT THE SOLE DISCRETION OF THE COMPANY.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, DC, FL, HI, MA, NE, OH, OK, OR, VT OR WA. INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, AND VA).

IN THE 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 FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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 INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE OR COMMIT THE COMPANY TO POLICY ISSUANCE.

Signature of Applicant	Date:
Title & Printed name (Officer/ {Partner):	