



**GENERAL INFORMATION:**

Legal Name:  
 Corporation/LLC  Partnership  Individual  Joint Venture  Subsidiary  Other  
 Do you operate under a d.b.a.?  Yes  No | d.b.a. Name:  
 Contact Name/Title:  
 Mailing Address:  
 City: ST: ZIP:  
 Premise Address:  
 City: ST: ZIP:  
 Phone #: Fax #: Cell #:  
 Web Address: E-mail Address:  
 Year Established: Are you a new venture?  Yes  No  
 Applicant operates as:  Manufacturer  Wholesale Distributor  Retailer  
 Installer  Service Provider  
 \*Coverage Currently in Force?  Yes  No  
 Coverage Term: to  
 \*If coverage is in force please attach 4 years of currently valued Loss Runs

**LIST MAJOR OWNERS/SHAREHOLDERS:**

Name	Title	% Ownership

**PRIOR COVERAGE INFORMATION:**

Coverage	Carrier	Expiration Date	Expiring Premium
Liability			\$
Property			\$
Auto			\$
Workers Comp			\$
Umbrella			\$



**PRODUCTS AND SERVICES CLASSIFICATION:**

(Only Those Products Listed Below Will Be Considered For Coverage)

Products and Services	Projected Gross Sales
Engines – Components:	
Sub-Components – Manufacturing:	
Metal Work – Resins/Plastics:	
Wheels:	
Safety Equipment:	
General Manufacturing:	
Brakes:	
Other:	
Total Sales:	

**STATE NATURE OF BUSINESS AND DESCRIPTION OF BUSINESS OPERATIONS:**

Have you discontinued or are you considering discontinuing any product to be covered by this insurance? [ ] Yes [ ] No If yes, please describe fully:

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**TOTAL ACTUAL SALES:**

First Previous Year: \_\_\_\_\_

Second Previous Year: \_\_\_\_\_

Third Previous Year: \_\_\_\_\_



**CLAIM HISTORY - 5 YEARS:**

List individual losses, valued \$5,000 or more from the ground up, including defense costs: (Include date of occurrence, product involved, year manufactured, description of occurrence and injury or damage, amount paid and/or reserved)

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Are you aware of any other incidents which may result in a claim against you?  
 Yes  No. If yes, please describe:

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**PRODUCT DATA:**

	Yes	No
1 Do you import components?	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you export products?	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you have foreign operations?	<input type="checkbox"/>	<input type="checkbox"/>
4 Are any of your products known to be used in connection with aircraft/missiles/aerospace?	<input type="checkbox"/>	<input type="checkbox"/>
5 Are any of your products subject to regulation/review by any governmental agency?	<input type="checkbox"/>	<input type="checkbox"/>

Explain any 'Yes' answers:

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**MARKETING:**

Percentage of total sales to: Wholesalers: \_\_\_\_\_% Retailers: \_\_\_\_\_%

Consumers: \_\_\_\_\_%

Do you require Vendors/Additional Insured Coverage?  Yes  No



**PROCESSING AND QUALITY CONTROL**

		Yes	No
1	Do others manufacture, assemble or install products under your name?	[ ]	[ ]
2	Do you manufacture, assemble or install products for others using their name or label?	[ ]	[ ]
3	Are written quality control/testing procedures followed?	[ ]	[ ]
4	How long are your testing records kept? [ ]		
5	Can you identify your products from those of competitors?	[ ]	[ ]
6	Do your records indicate when each product was manufactured?	[ ]	[ ]
7	Do your records show the date and to whom of each sale?	[ ]	[ ]
8	Do your records show who supplied the component parts used?	[ ]	[ ]
9	Do you require certificates evidencing product liability insurance from suppliers?	[ ]	[ ]

**LOSS PREVENTION, LOSS CONTROL AND CLAIM DEFENSE:**

		Yes	No
1	Who designs your products? [ ]		
2	Are designs reviewed, tested and verified by others?	[ ]	[ ]
3	Do you maintain records of change in designs?	[ ]	[ ]
4	Are your products designed, tested, labeled and manufactured to meet or exceed all governmental and industrial standards?	[ ]	[ ]
5	Do you have a specific program to withdraw known or suspected defective products from the market?	[ ]	[ ]
6	Have you ever recalled or are you considering recalling any known or suspected defective products?	[ ]	[ ]

**INSTRUCTIONS/WARNINGS:**

		Yes	No
1	Do you expressly disclaim or limit warranties for your products?	[ ]	[ ]
2	Do you provide specific training or instructions for the ultimate user, in the proper use of your product?	[ ]	[ ]
3	Are salespersons and distributors made aware of your desire to be informed of cases where your product is used for a purpose for which it is not intended?	[ ]	[ ]



**INSURANCE REQUESTED:**

If coverage is desired in excess of a primary limit of \$1,000,000, please indicate limit:

\$ \_\_\_\_\_

Effective Date Desired: \_\_\_\_\_ Deductible/SIR Desired: \$ \_\_\_\_\_

This application is for PRODUCTS only, if General Liability is desired, indicate payroll:

\$ \_\_\_\_\_

**PRESENT INSURANCE INFORMATION:**

Present Insurer:	
Present Premium: \$	Present Rate Per \$1,000: \$
Present Deductible/SIR: \$	Present Limit: \$
Is it written on occurrence form? [ ]	Or Claims Made? [ ] If Claims Made, retro-date:

THIS APPLICATION MUST BE SUBMITTED IN FULL AND RETURNED ALONG WITH 3 COPIES OF YOUR LATEST BROCHURE OR CATALOG IN ORDER TO OBTAIN A QUOTE.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date