



SUPPLEMENTAL APPLICATION FOR DESIGNATED PRODUCTS AND COMPLETED OPERATIONS LIABILITY INSURANCE

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer to any question is NONE, please state "NONE."
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT

a. Full name of all entities past and/or present to be Named Insureds:

b. Principal business premise address _____

(Street)

_____,
(City), (State) (Zip)

c. Corporation Proprietorship LLC Other _____

d. Years in business under the present name: _____

e. S.I.C. code: _____

2. POLICY

	INSURANCE REQUESTED	PRESENT INSURANCE
a. Limits of Insurance: \$_____ Each Occurrence	\$_____ Each Occurrence	\$_____ Each Occurrence
\$_____ Aggregate	\$_____ Aggregate	\$_____ Aggregate
b. Deductible/S.I.R.: \$_____	\$_____	\$_____
c. Retroactive date: _____		
d. Present Insurer: _____		
e. Has any insurer ever canceled, restricted or refused to renew your products liability insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please attach explanation)		

3. SPECIFIED PRODUCTS AND COMPLETED OPERATIONS

a. Only those products and services specified below will be considered for coverage:

Products and Services (or Specific Categories)	Applicant Acts as a(n)*					Number of Years	% of Gross Sales	Does Applicant:		Products Sold to:				
	M	W	R	I	MR			Install?	Repair or Service?	W	R	MR	C	O
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* M - Manufacturer; W - Wholesaler; R - Retailer; I - Importer; MR - Manufacturers Rep; C - Consumer - Direct; O - Other: _____

b. Have you discontinued or are you considering discontinuing any product to be covered by this insurance?

7. CLAIM HISTORY - 5 years including any predecessor companies - insured or uninsured Check if none

a. Total losses, including any deductible and/or defense. Please attach description of any losses over \$10,000.

Year(s)	Number of Claims	TOTAL AMOUNTS PAID		AMOUNTS IN RESERVE		Total Incurred	Date of Loss Information
		BI	PD	BI	PD		

b. Are you aware of any other incidents, conditions, circumstances, defects, or suspected defects which may result in claims against you? YES NO (If yes, please attach explanation.)

8. ADDITIONAL INFORMATION – Please attach copies of the following information:

- a. Five years currently valued loss runs from carrier.
- b. Product brochures, labels, instructions, and advertising materials.
- c. Standard sales agreement and warranty.
- d. Quality Assurance/Quality Control Procedure and Product Recall Plan.
- e. Resumes of Key Personnel.
- f. Any existing Products Liability Loss Control Reports or Recommendations
- g. Two years of Audited Financial Statements

FRAUD WARNING: APPLICABLE TO ALL STATES

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

NOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime.

Signature: _____ Print Name: _____

Title: _____

Date: _____