

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.	APP	LICANT									
a. Full name of all entities past and/or present to be Named Insureds:											
	b.	Principa	l busi	ness p	remise address	(Street)					
						(City),		(State) (Zip)			
	c	c. [] Corp	oration	n 🗌 Pro	prietorsh	nip	LLC	Other		
	c	d. Ye	ears ir	n busin	ess under the pre	esent na	me:				
	e	e. S.	I.C. c	ode:							
2.	POL	ICY									
	INSURANCE REQUESTED						RESENT URANCE				
a.	Limit	s of Insur	ance:	\$	_ Each Occurren	ce	\$	_ Each Occurre	ence		
				\$	_ Aggregate		\$	_ Aggregate			
b.	Dedu	uctible/S.I	.R.:	\$	_		\$	_			
c.	Retro	oactive da	ite:	-							
d.	Pres	ent Insure	er:								
e.		any insure s, please				refused	l to rene	w your product	s liability insurance?	? YES	□NO

3. SPECIFIED PRODUCTS AND COMPLETED OPERATIONS

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

Products and Services (or Specific	Applicant Acts as a(n)*	Number of Years	% of Gross Sales	Does Applicant:		Products Sold to:				
Categories)	M W R I MR			Install?	Repair or Service?	W	R	MR	С	0
			%							
			%							
			%							

^{*} 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?

		YES			
C.	_	e any of your products or services known to be used in co YES NO (If yes, please attach explanation.)	onnection with aircraft/missiles/aerospace	?	
4.	SA	LES AND MARKETING			
a.	Tot	tal sales or receipts for all products and services:	Next years projection: Past 12 months: 1st prior year: 2nd prior year:		
		Describe any significant change in product sales mix be	tween any prior year and next year's proje	ection:	
b.	Do	you wish to include your customers as additional insured	ds with Vendors coverage?	☐ YES	□NO
5.	PR	OCESSING AND QUALITY CONTROL			
a.	PR	OCESSING			
	1.	Do others manufacture, assemble, package or install pr (If yes, please attach explanation.)	oducts under your name or label?	☐ YES	□NO
	2.	Do you manufacture, assemble, package or install prod (If yes, please attach explanation.)	ucts for others under their name or label?	☐ YES	□NO
b.	QU	JALITY CONTROL AND RECORDKEEPING			
	1.	Do you have a quality control and testing procedure?		YES	□NO
	2.	How long are quality control and testing records kept?			
	3.	Can you identify your product from those of competitors	?	☐ YES	\square NO
	4.	Do your records show to whom and the date each produ	uct was sold?	☐ YES	□NO
	5.	Do you require certificates evidencing Products Liability	insurance from suppliers?	YES	\square NO
6.	LO	SS PREVENTION, LOSS CONTROL, CLAIM DEFENSE			
	a.	Who designs your products?			
	b.	Are designs reviewed, tested and verified by others?		YES	□NO
	C.	Do you maintain records of changes in designs, advertise of the second o	sements and sales brochures?	☐ YES	□NO
	d.	Are all instructions, operating manuals, advertisements Legal Counsel to avoid misunderstandings relative to pr		YES	□NO
	e.	Are your products designed, tested, labeled and manufa applicable government and industry standards?	actured to meet or exceed all	YES	□NO
	f.	Do you have a specific program to withdraw known or s the market?	uspected defective products from	YES	□NO
	g.	Have you ever recalled or are you considering recalling products from the market? (If yes, please attach explanation)		YES	□NO

7. CLAI	M HISTORY -	5 years includ	ling any predec	cessor compa	nies - insured o	r uninsured (Check if none
a. To	otal losses, in	cluding any dec	luctible and/or d	lefense. Pleas	e attach descripti	on of any losses ove	r \$10,000.
Year(s)	Number of Claims	TOTAL AMO	OUNTS PAID PD	AMOUNTS BI	S IN RESERVE PD	Total Incurred	Date of Loss Information
	Of Oldinis	ы	F D	ы	F 0		mormation
	re you aware aims against		_		ances, defects, c se attach explana	or suspected defects ation.)	which may result in
8. ADDI	TIONAL INFO	PRMATION - P	lease attach co	opies of the fo	llowing informa	tion:	
g. Tw Any perso insurance	o years of Au on who know or statemen	idited Financial FI ringly and with t of claim cont	RAUD WARNIN intent to defra aining any mat	IG: APPLICAE iud any insura erially false in	SLE TO ALL STA nce company of formation, or co	ATES r other person files nceals for the purpo ct, which is a crime	ose of misleading,
						e claim for each such	
authorized the effection may withdo	d officer agree we date of the raw or modify	es that if the infe insurance, he any outstandir	the applicant de ormation supplie she (undersigne	ed on the appli ed) will immedi nd/or authoriza	e statements set cation changes t ately notify the ir tion or agreemer	forth herein are true. between the date of the surer of such change to bind the insuran	he application and es, and the insurer
files an ap	oplication for	insurance conf	aining any false	e information,		ny insurance compa the purpose of misle	
Signature	e:			Print Name	:		
Title:							
Date:							