

# NEW ENGLAND EXCESS EXCHANGE, LTD.

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## PRODUCTS LIABILITY INSURANCE

(Manufactured Products other than Drugs, Foods and Chemicals)  
(All questions must be answered. If not applicable, so state)

**ATTACH ANY WRITTEN BROCHURE, LABELS, INSTRUCTIONS OR OTHER WRITTEN STATEMENTS.**

1. Insured \_\_\_\_\_
2. Address \_\_\_\_\_
3. Individual, co-partnership or corporation? \_\_\_\_\_
4. How many years have you been in business under the present name? \_\_\_\_\_ Have you or your principals ever engaged in this or similar enterprises under a different name? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach details.
5. a) Location of factories or stores at which products are manufactured \_\_\_\_\_  
\_\_\_\_\_  
b) Location of factories or stores from which products are distributed directly by you \_\_\_\_\_  
\_\_\_\_\_
6. a) Give complete description of the products to be insured \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
b) Of what materials or principal components are each of these products principally composed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. a) Do you manufacture the complete product? Yes \_\_\_\_\_ No \_\_\_\_\_  
b) If no, what component parts are purchased by you? \_\_\_\_\_  
\_\_\_\_\_  
c) List primary component part suppliers \_\_\_\_\_  
\_\_\_\_\_  
d) Do you assemble the product? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Do you maintain quality control procedures? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, outline control procedures \_\_\_\_\_  
\_\_\_\_\_

a) Do you maintain complete inventory record shipments and/or delivery to consignees and are serial and/or batch numbers shown on the finished product and on shipment invoices. Yes \_\_\_\_\_ No \_\_\_\_\_

b) Can the date of manufacture of each product be indentified by the factory number stamped on it? Yes \_\_\_\_\_ No \_\_\_\_\_

c) Do you keep samples of products involved in your Quality Control *Procedures*? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Have you ever recalled any of your products for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state details \_\_\_\_\_

11. 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? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state full details and result of such inquiry.

12. Estimated total payroll \_\_\_\_\_

13. a) State sales for five years with principal products for each year shown on percentage basis.

	Total Sales	Principal Product (identify) Name	Percent	No. Units
Est. current year	_____	_____	_____	_____
past year	_____	_____	_____	_____
1st previous year	_____	_____	_____	_____
2nd previous year	_____	_____	_____	_____
3rd previous year	_____	_____	_____	_____
4th previous year	_____	_____	_____	_____

b) What percentage of sales are for replacement parts? \_\_\_\_\_

c) What products have you ceased to manufacture during the past five years? \_\_\_\_\_

State description and sales by year \_\_\_\_\_

d) Do you plan manufacturing any new products to be marketed within the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, attach description.

14. a) Is original installation of such products made by your employees? Yes \_\_\_\_\_ No \_\_\_\_\_

b) If no, does the installer supply parts not manufactured by you? Yes \_\_\_\_\_ No \_\_\_\_\_

15. a) Are any of your products subject to deterioration? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state period of time \_\_\_\_\_

b) Do you maintain and/or service the products? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state annual revenue from this source \_\_\_\_\_ and attach full details including copy of your standard written service contract.

c) Is service subcontracted? Yes \_\_\_\_\_ No \_\_\_\_\_

16. Are any of your products inflammable or explosive? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state details \_\_\_\_\_

17. Do you issue guarantees and/or warranties to purchasers? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what period do you guarantee and/or warrant your products? \_\_\_\_\_  
Attach full details and copy of your form of guarantee and/or warranty \_\_\_\_\_

18. a) Do you agree to hold dealers, distributors, or suppliers harmless against claims or suits for personal injuries or property damage in connection with your products? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach copies of your standard forms.

b) Are any of the above affiliated with you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

c) If you are a distributor are you insured by the manufacturer? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: \_\_\_\_\_

1) As additional insured? Yes \_\_\_\_\_ No \_\_\_\_\_

2) As vendor - attach certificates - vendors forms.

19. a) State claims history. (Amounts shown should be in excess of deductible if any):

<u>YEAR</u>	<u>PAID CLAIMS NUMBERS/AMOUNT</u>	<u>RESERVES NUMBER/AMOUNT</u>	<u>NO.CLOSED NO PAYMENT</u>	<u>CLAIMS EXPENSES</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

b) Are you aware of any incidents, not yet reserved, that may result in claims against you? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, state details.

c) Attach summary of each claim exceeding \$5,000 in payment or reserve.

20. a) State current/expiring insurer \_\_\_\_\_

b) Present limit of liability: BI \_\_\_\_\_ / \_\_\_\_\_ PD \_\_\_\_\_ / \_\_\_\_\_ or CSL \_\_\_\_\_ / \_\_\_\_\_

c) Present premium \_\_\_\_\_

d) Does present coverage contain deductible? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state amount \_\_\_\_\_

e) Is present coverage written (indicate which) occurrence basis \_\_\_\_\_ or claims made basis \_\_\_\_\_

21. Has any insurer ever refused to issue or cancelled your Products Public Liability Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list insurers and reasons \_\_\_\_\_

22. What limits of liability do you desire? \_\_\_\_\_

23. Attach most recent annual report and/or D&B. If not available state reason. \_\_\_\_\_

THE PROPOSER WARRANTS AND AGREES THAT THE ABOVE ANSWERS, INCLUDING ATTACHMENTS ARE IN ALL RESPECTS TRUE AND SHALL BE DEEMED MATERIAL AND MADE TO INDUCE THE COMPANY TO ISSUE A POLICY, THAT THE COMPANY WILL RELY ON THE SAME WHEN ISSUING A POLICY AND THAT ALL PERTINENT INFORMATION HAS BEEN FULLY DISCLOSED. PROPOSER UNDERSTANDING THAT SUBMISSIONS OF THIS INFORMATION CREATES NO OBLIGATION ON THE PART OF THE COMPANY TO PROVIDE INSURANCE EITHER ON THE BASIS REQUESTED OR ON ANY OTHER BASIS.

Signature \_\_\_\_\_

Official Position \_\_\_\_\_

Date \_\_\_\_\_

The proposal should include at least the following attachments:

1. Brochures/Catalogs describing products
2. Copy of Guarantee/Warranty of products
3. Copy of Standard Service Contract - if applicable

TO BE COMPLETED BY PRODUCER

Producer \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_