



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

MANUFACTURERS ERRORS & OMISSIONS LIABILITY APPLICATION

APPLICANT'S INFORMATION

1. Legal name of the business who is the primary applicant and will be the first named insured listed on the policy:

 2. Please list all other business/dba names for which you are seeking coverage under this policy: _____
 3. Corporation Individual Partnership Municipality For Profit Joint Venture
 Other: _____
 4. Please list any names of other entities that you own or manage or that you do business under (such entities are not requesting coverage under this policy): _____

 5. Primary location address: _____
 6. County of primary location: _____ Date business originally established: _____
 7. What is your web-site address? www. _____
 8. Has the name or ownership of the entity changed or has any other business been purchased, merged or consolidated with the entity within the last 5 years? Yes No
 9. Does any entity own or control your business or does your business own or control any entity? Yes No
 10. During the past five years, has your name been changed or has any other business purchased, merged or consolidated with you? Yes No
- For questions 8-10, please fully explain any "yes" response, including the names, dates, and revenue impact involved:

GENERAL INFORMATION

1. Please provide a complete narrative description of your operations and services you offer. _____

2. Please help us understand the size of your business. Please provide projections if a new business:
 - a) Total past 12 months gross revenue: \$ _____
 - b) Total estimated next 12 months gross revenue: \$ _____
 - c) Does any single client provide over 25% of gross receipts? Yes No

If "Yes," please provide the name of the client, the specific dollar value of this work, and a description of the work performed: _____

3. What percentage of your annual gross revenue is comprised of operations outside the United States? _____ %
 - a) For any operations outside the United States, please list each country and the applicable percentage of revenue:

4. Please provide the total number of: Officers/Partners _____ Professional Staff _____ Other Staff _____

Key Staff	Professional Licenses Held	Years of Experience	Length of Employment

5. Please describe any industry groups or associations of which you are a member: _____

MANUFACTURING OPERATIONS

1. Please provide the percentage of your current revenue from the following:

_____% Products you design and manufacture

_____% Products you manufacture to the specifications of others

_____% Products you sell or distribute for others

_____% Licensing fees & royalties

____% Other: please describe _____

2. Please provide the types of products and services performed and the percentage of projected revenues derived applicable to the product or service:

Description of Product or Service:	% of Revenues

3. What percentage of your current revenues relate to products or services that have been in the market for:

_____% Less than 1 year

_____% 1-2 years

_____% 2-5 years

_____% More than 5 years

4. Please list any new products or services under development planned for the next 12 months:

Description of Product or Service	Projected Release Date	Projected annual revenues

QUALITY CONTROL AND RISK MANAGEMENT

1. Do your quality control procedures include the following?

- Pre-release/pre-dissemination testing Yes No
- Formal customer acceptance procedures Yes No
- Vender certification process Yes No
- Formalized quality control program Yes No
- Prototype development Yes No
- Products and/or services developed to industry standards Yes No

2. Please provide details on the following:

- a. Do you include all necessary and required product labels, instructions and warning with all of your products? Yes No
- b. Are the labels, instructions and warning reviewed by legal counsel prior to usage? Yes No
- c. Do you warrant or guarantee any standards of performance for your products or services (e.g. delivery and/or completion timeframes, durability, quality)? Yes No
If yes, please explain. _____
- d. If your product were to fail, how many customers would be affected? 1-10 10-100 100+
- e. Have you ever had to recall your products? Yes No
If yes, please explain. _____
- f. For the last 24 months, what percentage of your products and/or services, upon delivery to your customers, are returned or require fixes? _____%
- g. Has your client ever had to recall products due to your products or services? Yes No
If yes, please explain. _____
- h. Do you subcontract out any part of your manufacturing operations? Yes No
- i. If yes, what percentage of revenues are attributable to subcontractors? _____%
- j. Do you obtain certificates of insurance from subcontractors? Yes No
- k. Do you use standard contracts or agreements with customers specifying the products and/or services you will provide? Yes No
- l. Has legal counsel reviewed your contracts or agreements? Yes No

3. Do your risk management procedures include the following:

- a. Business documents are retained for ____ months ____ years Unlimited
- b. Maintenance of error/problem/downtime log for life of product and/or service. Yes No
- c. Customer complaint resolution plan. Yes No
- d. Customer notification plan of your discontinuance of a product or service. Yes No
- e. Customer or product support including Email Website Customer site visitation
 In-house repairs Toll-free numbers, with availability of: business hours
 weekends 24-7
- f. Formal plan to address any flaws, defects, bugs, anomalies, problems discovered in your products or services. Yes No
Is the timeframe for customer notification: less than one day less than one week
 less than one month over one month
- g. Formal service recall plan. Yes No

INSURANCE AND LOSS HISTORY

1. Provide your entity's recent insurance history below.

Policy Period (Month/Day/Year)	Insurance Company	Limits Per Claim/Aggregate	Deductible	Annual Premium

2. If you are currently insured for errors & omissions coverage, what is your policy's retroactive/prior acts date? (month/day/year) ____/____/_____. If there is no retroactive date, please check here.

If requesting prior acts coverage you will be asked upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.

3. Are you being canceled or non-renewed by your current professional liability carrier? Yes No
 If yes, please explain why: _____

4. Requested limits: \$100,000/\$300,000 \$250,000/\$250,000 \$500,000/\$500,000
 \$1,000,000/\$1,000,000 \$2,000,000/\$2,000,000 \$3,000,000/\$3,000,000
 \$5,000,000/\$5,000,000 (other) _____

Requested deductible: \$5,000 \$10,000 \$25,000 \$50,000 Other \$ _____

5. After inquiry with each person as appropriate, in the last five (5) years, have any claims been made against the person or entity applying for insurance, or any of your past or present members, partners, officers, directors, employees, or any predecessors in business? Yes No

If "yes", please complete a separate Supplemental Claim form for each claim or suit and include a currently valued loss run for each claim.

6. After inquiry with each person as appropriate, are you, or any of your partners, officers, directors, or employees, aware of any circumstances, acts, errors, omissions, or any allegations or contentions of any incident which may result in a claim? Yes No

If "yes", please complete a separate Supplemental Claim form for each claim or suit and include a currently valued loss run for each claim.

7. After inquiry with each person as appropriate, in the last five (5) years, have any of your customers made any allegations or complaints relating to performance or nonperformance of your product or service, delayed or late delivery of your service or a problem with your product or service? Yes No

If "yes", please provide an explanation of the circumstances and the current status of the matter.

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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 addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 civil penalties.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____