



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 _____

