

Agency Name:  
 Address:  
 Contact Name:  
 Phone:  
 Fax:  
 Email:

## Discontinued Products Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_  
 \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_  
 \_\_\_\_\_ Web Address \_\_\_\_\_

Applicant Location Address: \_\_\_\_\_ Years in Business under this name \_\_\_\_\_  
 \_\_\_\_\_ Proposed Policy Period - From \_\_\_\_\_ to \_\_\_\_\_

If applicant is a subsidiary of another entity, list parent company name and % owned: \_\_\_\_\_

If applicant has subsidiaries, list subsidiary company name(s) and % owned: \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Coverage is being applied for due to (Check all that apply):

Acquisition  Business Shutdown  Merger  Sale  Single Product Discontinuance  Other (Describe): \_\_\_\_\_

### UNDERWRITING INFORMATION

1. Business of Applicant is:  Manufacturer  Distributor  Direct Importer  Other \_\_\_\_\_

2. Description of Operations \_\_\_\_\_

3. Complete the following for each product to be covered:

PRODUCT DESCRIPTION (Include Brand/Trade name)	YEARS IN MARKET	# OF UNITS IN MARKET	% OF GROSS SALES	LIFE CYCLE (in years)	REASON FOR DISCONTINUANCE

4. Sales History for Products listed in #3. above	YEARS	SALES		
		UNITED STATES	FOREIGN	TOTAL
Last Year	to			
2 <sup>nd</sup> Year Prior	to			
3 <sup>rd</sup> Year Prior	to			
4 <sup>th</sup> Year Prior	to			
5 <sup>th</sup> Year Prior	to			

\*If any foreign sales, list countries where your product is sold: \_\_\_\_\_

**UNDERWRITING INFORMATION (Continued)**

5. Any products used in connection with aircraft, missiles, nuclear installations or watercraft? .....  Yes  No  
If yes, describe: \_\_\_\_\_
6. Any products explosive, flammable or poisonous? .....  Yes  No  
If yes, describe: \_\_\_\_\_
7. Any foreign products distributed in the USA or used as components in the Applicant's products? .....  Yes  No  
If yes, describe: \_\_\_\_\_
8. Have any products manufactured, installed or distributed contained asbestos or lead? .....  Yes  No  
If yes, describe: \_\_\_\_\_
9. Any products withdrawn or recalled? .....  Yes  No  
If yes, describe: \_\_\_\_\_
10. Provide the name and Industry of the three largest customers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. If entity is being sold, outline details contained in any contract regarding who is responsible for claims arising out of existing inventory and claims involving product currently in the marketplace: \_\_\_\_\_  
\_\_\_\_\_
12. Desired Limits: \_\_\_\_\_ Deductible / SIR: \_\_\_\_\_

**PRIOR CARRIER HISTORY (attach additional pages if necessary)**

<u>Insurance Company</u>	<u>Limits</u>	<u>Deductible Amount</u>	<u>Policy Period</u>	<u>Coverage</u>	<u>Premium</u>
	Occ: Agg:		From: To:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made Retro Date:	
	Occ: Agg:		From: To:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made Retro Date:	
	Occ: Agg:		From: To:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made Retro Date:	
	Occ: Agg:		From: To:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made Retro Date:	
	Occ: Agg:		From: To:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made Retro Date:	

Has any carrier cancelled or refused to renew products liability or a portion thereof? .....  Yes  No  
If yes, explain: \_\_\_\_\_

**LOSS HISTORY (attach additional pages if necessary)**

1. Have there been any losses, claims, legal actions or suits against the Applicant in the last five years? .....  Yes  No  
If yes, complete the below or provide currently valued loss runs

<b>DATE OF LOSS</b>	<b>TYPE OF LOSS</b>	<b>DESCRIPTION OF LOSS</b>	<b>AMOUNT PAID</b>	<b>RESERVE</b>

**LOSS HISTORY (Continued)**

- 2. Has the Applicant had any settlements or judgments that are sealed and not disclosed in this application?  Yes  No
- 3. Is the Applicant currently involved in any litigation or investigation by any governmental body? .....  Yes  No
- 4. Is the Applicant aware of any complaint or notice filed in the last three years with any governmental agency or industry regulatory body to examine the safety of their product?.....  Yes  No
- 5. Is the Applicant aware of any circumstances, injuries or offenses which have yet to result in a claim or suit being filed, including losses arising out of discontinued or sold operations or from products no longer manufactured?  Yes  No

If 'Yes' to any of the above questions, please provide details here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LOSS PREVENTION / QUALITY CONTROL**

- 1. Does the Applicant currently have in place a formal Loss Prevention Program? .....  Yes  No  
 If yes, attach a copy of the program or explain below: \_\_\_\_\_  
 \_\_\_\_\_

- 2. Describe Quality Control Measures: \_\_\_\_\_  
 \_\_\_\_\_

- 3. Does the Applicant have in place a formal Recall Plan? .....  Yes  No  
 If yes, attach a copy of the program or explain below: \_\_\_\_\_  
 \_\_\_\_\_

- 4. Have warning labels, manuals and advertising materials been reviewed by legal counsel? .....  Yes  No

- 5. Describe how to identify Applicant's products from competitor's products at time of loss: \_\_\_\_\_  
 \_\_\_\_\_

- 6. Describe how to identify date of manufacture of Applicant's products at time of loss: \_\_\_\_\_  
 \_\_\_\_\_

- 7. Describe formal plans for handling complaints and claims: \_\_\_\_\_  
 \_\_\_\_\_

- 8. Attach copies of brochures, labels or warnings that accompany products (if available)

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT FOR THE STATE(S) OF:**

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:** 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.

**Colorado:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky, Ohio, Pennsylvania:** 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.

**Maine, Tennessee, Virginia, Washington:** 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 a denial of insurance benefits.

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

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** 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.

**New York:** 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.

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

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

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Producer's Signature

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Date

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Applicant's Signature

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Date