

Product Liability Application

Full Name of Applicant:	Agent's Name:
Mailing Address:	Mailing Address:
Location:	Proposed Effective Date:
Website:	From: _____ To: _____ 12:01 AM, Standard Time at the address of the Applicant

Applicant is: Individual Joint Venture Corporation LLC
 Partnership Other (please describe): _____

Business of Applicant: Manufacturing Broker Distributor Direct Importer
 Other (please describe): _____

Inspection and Audit Information:

Contact Name: _____
 Title: _____
 Phone Number: _____

- Years in Business: _____
- Description of Operations: _____

- Description of all discontinued products and historical sales for each: _____

- Description of all acquisitions completed in the last five years: _____

5. Annual Sales

	United States	Canada	UK, Ireland & Australia	All Other Countries	Total
Upcoming Year <i>(Estimate)</i>					
Current Year First					
Prior Year Second					
Prior Year					
Third Prior Year					
Fourth Prior Year					

6. If you distribute products manufactured by others:
- Do you directly import your final product from a foreign company? Yes No
If yes, please complete our *Foreign-Manufactured Product Supplement Questionnaire*. Yes No
 - Do you obtain Certificates of Product Liability Insurance from each of your manufacturer's/supplier's Product Liability insurance? Yes No
If yes, minimum limits of insurance required: _____
 - Are you included as an Additional Insured-Vendor under each manufacturer's/supplier's Product Liability insurance? Yes No
7. If you contract the manufacturing or assembly of your final product to others, is any manufacturing or assembly performed by a foreign company? Yes No
If yes, please complete our *Foreign-Manufactured Product Supplement Questionnaire*.
8. If you contract the manufacturing or assembly of your product to a domestic company, do you have a formal written agreement with each sub-manufacturer? Yes No
If yes, please attach those sections of the agreement(s) pertaining to Product Liability and Product Liability insurance.
9. Do you obtain Certificates of Insurance from all suppliers evidencing Product Liability Insurance? Yes No
If yes, minimum limits of insurance required: _____
10. Do you or others on your behalf install, service, repair or maintain your products? Yes No
If yes, list full details below and attach a copy of your standard written contract and estimate the percentage of sales generates by these operations: _____

11. Do you maintain formal written quality control and testing procedures? Yes No
12. How long are quality control testing records kept? _____
13. Can you identify your product from those competitors? Yes No
14. Do you maintain records of the following:
- When and where your product was manufactured? Yes No
 - To whom your product was sold and the date of sale? Yes No
 - Who supplied the parts and/or supplies going into the product? Yes No
 - Changes in design? Yes No
 - Changes in advertising material? Yes No
- If yes, how long do you maintain records? _____
15. Who designs your products? _____
16. Are designs reviewed, tested and verified by others? Yes No
If yes, by whom? _____
Please list credentials: _____

17. Are all warning labels and instructions for use reviewed by outside counsel? Yes No
18. Are your products subject to any government or industry standards? Yes No
If yes, are your products in full compliance? Yes No
Describe the standards and its documentation: _____

19. Have you attained ISA 9000, QS 9000 or similar Certification? Yes No
20. Do you offer training or instruction in the user of your products? Yes No
If yes, do you certify the trainees? Yes No
21. Do you have a formal written products recall procedure? Yes No
If yes, please provide attached copy.

22. Have you voluntarily or involuntarily recalled, or are you considering recalling, any known or suspected defective products from the market? Yes No
 If yes, please describe: _____

23. Do you or others (including your suppliers and contract manufacturers) manufacture, create or use **carbon nanotubes** or **fullerenes** in any product manufactured, sold or distributed? Yes No
 If yes, please describe the end products or component parts in detail: _____

24. Are nanoscale materials or nanoparticles **other than carbon nanotubes and fullerenes** used by you or others (including your suppliers and contract manufacturers) in the manufacture or creation of any product, or any product, sold or distributed.
 If yes, please describe nanoscale materials, nanoparticles and end products in detail: _____

25. Five Year carrier loss history (or check here if no insured or uninsured losses in five years):

Policy Period	Carrier	SIR/Ded	Claims Valuation Date	# Claims	Reserved	Paid	Total Incurred

26. Are you aware of any incident, condition, circumstance, defect or suspected defect in any product of work which may result in a claim or claims against you that are not listed above? Yes No
 If yes, please describe: _____

27. Are you aware of any complaint or notice filed in the last three years with any governmental agency or industry regulatory body including but not limited to the US Consumer Product Safety Commission concerning your product? Yes No
 If yes, please describe: _____

28. Are you aware of any study analysis or trial conducted or being conducted by or on behalf of any governmental agency or industry regulatory body to examine the safety of your product? Yes No
 If yes, please describe: _____

29. Current carrier: _____ Limits: _____ Deductible/SIR: _____
 Rate: _____ Premium: _____ Retro Date: _____
 Coverage Form: Occurrence Claims-Made
 Is current carrier offering renewal? Yes No

30. Desired Limits: _____ Deductible/SIR: _____

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application.

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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:	Current Date:
Title:	

If you prefer not to return application with an electronic signature, please print and sign below:

Type or print your name & title

Current Date

Type or print your phone number

Type or print your e-mail address