

PRODUCTS OR PRODUCTS POLLUTION APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

NOTE: For certain policies and coverage parts issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:

1. Five years of currently valued loss runs for general liability, products liability, and products pollution liability, as applicable, for all proposed Named Insureds
2. Material Safety Data Sheets (MSDS) of all products
3. Product brochures, labels, instructions, and advertising material; standard sales agreement and warranties
4. Quality control procedures, product recall procedures
5. Any existing products liability loss control surveys or recommendations available

A. APPLICANT INFORMATION

Name Of Applicant:		Date.	
Inspection contact name:		Phone:	
Address:			
City:	State:	Zip code:	
Company website:			No.
Email Address:			NAICS.
Company is an: Individual Partnership Corporation C] Joint Venture Other (describe):			
If there is more than one proposed Named Insured, list each and provide percentage of ownership:			

B. COVERAGE REQUESTED

Indicate requested limits, retention, and retroactive date:

Coverage Part	Per Occ. Limit	Aggregate Limit	Retention	Retroactive Date (if any)	Premium
Products Liability	\$	\$	\$	\$	\$
Products Pollution Liability	\$	\$	\$	\$	\$
Products Recall with Pollution	\$	\$	\$	\$	\$

C. EXIRING COVERAGE

Provide all expiring information:

Coverage Part	Per Occ. Limit	Aggregate Limit	Retention	Retroactive Date (if any)	Premium
Products Liability	\$	\$	\$	\$	\$
Products Pollution Liability	\$	\$	\$	\$	\$
Products Recall with Pollution	\$	\$	\$	\$	\$

D. REVENUES

Provide total gross estimated revenue for next 12 months and actual revenue for the prior 2 years:

	Gross Annual Revenues	Domestic Revenue %	Foreign Revenue %
Next 12 months			
1st Prior Year			
2nd. Prior Year			

E. PRODUCTS INFORMATION

1. Complete the information below for the products for which coverage is requested. (Attach additional pages, if needed.)

Product Name Or Unique Identifier	Applicant Acts As A(n):						% of Current Gross Receipts	Years On The Market	Life Expectancy Of Product	Products And Goods Sold To:			
	M	W	D	R		M R				D	R	C	O

M=Manufacturer W=Wholesaler D=Distributor R=Retailer I=Importer MR=Manufacturer's Rep.
C=Consumer O=Other Describe
Direct

2. Provide percentage of sales for the product use/application

Industry/Product Type	% Of Sales	Industry/Product Type	% Of Sales
Aircraft/Aerospace		Oil/Gas	
Watercraft/Offshore/Subsea		Energy (other than oil & gas)	
Pharmaceutical		Consumer Goods	
Cosmetics/Health & Beauty /Personal Care		Medical	
Pesticides/Herbicides		Animal Or Human Foods	
Building /Construction Materials		Nutra/Dietary Supplements	
Other Describe		Other Describe	

3. Applicant's Products:

- a. Are the products designed by you? YES/NO
- b. Do others manufacture, package or install products under your name or label? YES/NO
- c. Do you manufacture, assemble, package or install products for others under your name or label? YES/NO
If Yes, please explain
- d. Are any components of your products manufactured in foreign countries? YES/NO
If yes, please complete the **Foreign Manufactured Products Questionnaire.**
- e. Has your product ever been subject to any inquiry or investigation by any governmental agency concerning the efficiency, adequacy or labeling, hazardous content, or safety? YES/NO
If yes, please attach full details and result of such inquiry.
- f. Do you install, repair or service your products? YES/NO
If Yes, please explain and include associated revenues

4. Quality Control Of Products:

- a. Are written quality control and testing procedures followed? YES/NO
- b. How long are quality control and testing records kept? _____
- c. Can you identify your product from competitors? YES/NO
- d. Do your records indicate when each product was manufactured? YES/NO
- e. Do your records show to whom and the date each product was sold? YES/NO
- f. Do your records show who supplied the component parts going into your products? YES/NO

5. Loss Control For Products:

- d. Do you have a written products safety program for which specific individuals have

responsibilities for implementation? YES/NO

e. Do you utilize distributors or vendors? YES/NO

If Yes, please explain

f. Do manufacturers provide you Additional Insured status for products where you are acting as a vendor? YES/NO

If Yes, please explain

d. Are any of the suppliers, distributors, or dealers affiliated with you? YES/NO

If Yes, please list

e. Are your products designed, tested, labeled, and manufactured to meet or exceed all applicable government and industry standards? YES/NO

f. Are guarantees and/or warranties issued to purchasers? YES/NO

If Yes, describe the period of time you guarantee or warrant your product(s)

g. Do you provide training or instruction in the use of any product? YES/NO

h. Do you have a specific program to withdraw known or suspected defective products from the market? YES/NO

i. Have you ever recalled or are you considering recalling any product? YES/NO

If Yes, please explain

6. Accident/Claims Procedures For Products:

a. Do you have a written procedure for obtaining information about any complaints, accidents, or injuries involving your products? YES/NO

b. If utilizing distributors/vendors, are your distributors aware of your procedures for prompt notice? YES/NO

c. Do your procedures provide for the examination and preservation of any allegedly defective product? YES/NO

d. Are the results of such examinations recorded? YES/NO

e. Are the results used for improving the product or process procedures? YES/NO

F. CLAIMS HISTORY

Is the applicant aware of any circumstances which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member, or has any claim, suit or notice of incident been made against the firm or any staff member? YES/NO

If Yes, please provide details of each incident:

Initial here if there have been no claims _____

WARRANTY

The undersigned authorized officer of the applicant warrants to the Company, that I/We that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, principals, partners, directors, officers and employees.

This application must be signed by the owner, principal, partner, executive officer or equivalent within 60 days of the proposed effective date.

Name of Applicant

Title

Signature of Applicant

Date