



B. Products acquired via acquisition or merger: \_\_\_\_\_  
 \_\_\_\_\_

Did you assume liabilities for these products?  NO  YES If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

C. Do you retain liabilities for products or divisions that you no longer control?  NO  YES If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

D. Do you plan the introduction of any new products?  NO  YES If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

E. Have you ever discontinued any products:  NO  YES If yes, please explain and include the date(s) discontinued: \_\_\_\_\_  
 \_\_\_\_\_

F. <u>SALES HISTORY</u>	<u>SALES</u>	<u>PRINCIPLE PRODUCT</u>	<u>PERCENT</u>
Estimated (next 12 months)	\$ _____	_____	_____
Past 12 months	\$ _____	_____	_____
1 <sup>st</sup> Previous Year	\$ _____	_____	_____
2 <sup>nd</sup> Previous Year	\$ _____	_____	_____
3 <sup>rd</sup> Previous Year	\$ _____	_____	_____
4 <sup>th</sup> Previous Year	\$ _____	_____	_____

Replacement Parts are what percentage of total sales? \_\_\_\_\_

G. Has there been a significant change in product mix?  YES  NO

H. Do you import products or component parts?  YES  NO

I. Do you export products or have foreign operations?  YES  NO

J. Could any of your products or services be used on or in connection with:  
     Aircraft / missile / aerospace?  YES  NO  
     Watercraft or offshore?  YES  NO  
     Transportation?  YES  NO

K. Do you make or handle any product that is explosive, flammable or poisonous either by itself or in combination with other materials?  YES  NO

L. Are any of your products sold under another's name or label?  YES  NO

M. Do you purchase materials or components for others?  YES  NO

N. Do you assemble your product?  YES  NO  
 (If assembled by others, do you supervise?)  YES  NO

O. If installed by others; do you supervise or furnish instructions as to installations?  YES  NO  
 If yes, please attach copy.

P. Percent of total sales to: wholesalers \_\_\_\_\_% retailers \_\_\_\_\_% consumers \_\_\_\_\_%

Q. Percent of total sales to: East \_\_\_\_\_% Midwest \_\_\_\_\_% West \_\_\_\_\_%

R. Supplies and Distributors:

1) Do you hold them harmless or insure them? \_\_\_\_\_ YES \_\_\_\_\_ NO

2) Do they hold you harmless or insure you? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes to either of the above, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. CLAIM HISTORY- 5 years or more ( attach a hard copy from prior carriers )**

A. Total aggregate losses, from the first dollar, including expenses:

Date	Carrier	Policy Period	No. of Claims	Total amounts paid		Amount Reserved		Total Incurred
				Indemnity	Expense	Indemnity	Expense	
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

B. Individual losses valued at \$10,000 or more, from first dollar including expenses:

Date of Claim	Product Involved	Describe Occurrence & Injury or Damage	Total Amounts Paid		Amounts Reserved	
			Indemnity	Expense	Indemnity	Expense
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

C. Are you aware of any other incidents, conditions, circumstances, defects or suspected defects which may Result in claims against you? \_\_\_\_\_ NO \_\_\_\_\_ YES If yes, please give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 5. LOSS PREVENTION / PRODUCT DESIGN / QUALITY CONTROL

- A. Have your products ever been subject to inquiry or investigation relative to product safety by any government agency? If yes, please attach details.  YES  NO
- B. Do you have a written products recall plan? If yes, please attach copy.  YES  NO
- C. Have you ever recalled products because of potential product safety hazard? If yes, please attach details indicating percent of recovery.  YES  NO
- D. Do you design your own work?  YES  NO
- E. Do you maintain records of design changes and reasons justifying these changes?  YES  NO
- F. Are your designs subject to independent external review, testing or certification? If yes, attach details and dates.  YES  NO
- G. Are your products designed, tested, labeled and manufactured to meet or exceed all government and industry standards?  YES  NO
- H. Are written testing procedures followed?  YES  NO
- I. How long are quality control and testing records kept? \_\_\_\_\_
- J. Supplies and components:
- 1) Are they ordered to your specifications?  YES  NO
- 2) Have you determined which ones are critical to the safety of your final product?  YES  NO
- 3) List those critical items, indicating whether testing is on a sample basis or on all units: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- K. Are warranties obtained from all suppliers?  YES  NO

## 6. INSTRUCTIONS / WARRANTIES / LOSS CONTROL / DEFENSE

- A. Are instruction, warning labels and advertising texts provided to your customers?  YES  NO
- B. Do you provide any specific training / instruction for the ultimate user in the Proper use of your product?  YES  NO  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. Explain how you identify your products and part from similar competitors' products and parts:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- D. Can you determine, based on available records for ALL products, you have sold:
- 1) When any given product item was manufactured? \_\_\_ YES \_\_\_ NO
  - 2) To whom it was sold, and the date of sale? \_\_\_ YES \_\_\_ NO
  - 3) Who supplied parts and supplies going into the final product? \_\_\_ YES \_\_\_ NO

- E. Accident Procedure:
- 1) Do you have a written procedure for obtaining information about product complaints, accidents and injuries involving your product(s)? \_\_\_ YES \_\_\_ NO
  - 2) Does your procedure provide for examining and preserving any allegedly defective product, with the results of such examination recorded. \_\_\_ YES \_\_\_ NO

By signing this application I am attesting to the accuracy of information provided by the applicant. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the coverage, if under binder or policy, is subject to immediate cancellation.

Signature of Applicant: \* \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_  
(owner, partner, officer)

\* Signing this application does not bind the applicant or the company to complete the insurance.

**ADDITIONAL EXPLANATION TO THE QUESTIONS DESIGNATED:**

QUESTION #	EXPLANATION:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____