



PRODUCT LIABILITY SUPPLEMENT
 (Include Acord Application)

Applicant/Named Insured: _____
 Mailing Address: _____
 Location Address: _____
 Website Address: _____ Phone: _____ Fax: _____
 Policy Number: _____

1. Applicant Information

- a. Full name of all entities, past and/or present, to be Named Insureds: _____

- b. Years in business under current name: _____
- c. Have any of the principals ever engaged in this or similar enterprise under a different name? Yes No
If yes, attach details.
- d. Number of employees: Total: _____ Full-Time: _____ Part-Time: _____ Seasonal: _____
- e. Is any of your work subcontracted to others? Yes No

2. Policy Information

	Requested Insurance	Present Insurance
a. Limits of Liability:		
b. Policy Type:	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence
c. Deductible/SIR:		
d. Retroactive Date:		

- e. Present Insurer: _____
- f. Was tail coverage purchased on present policy? Yes No
- g. Has any insurer ever cancelled, restricted, or refused to renew your products liability insurance? Yes No
If yes, attach explanation.

3. Specified Products & Completed Operations

a. Only those products and services specified below will be considered for coverage:

Products & Services (or specific categories)	Applicant acts as: (M, D, R, I, MR) *	# of Years	% of Gross Sales	Does Applicant:		Products sold to: **
				Install? (Y or N)	Repair or Service? (Y or N)	

* Applicant Acting As Codes	
M	= Manufacturer
D	= Distributor
R	= Retailer
I	= Importer
MR	= Manufacturer's Rep

** Products Sold To Codes	
D	= Distributor
R	= Retailer
MR	= Manufacturer's Rep
C	= Consumer
O	= Other (describe):

- b. Have you discontinued, or are considering discontinuing, any product to be covered by this insurance? Yes No
- c. Are any of your products or services known to be used in connection with aircraft, missiles or aerospace? Yes No
If yes, attach explanation.
- d. Are any products foreign manufactured? Yes No
If yes, percentage of replacement parts: _____ %

4. Sales and Marketing

- a. Show sales for past 5 years. (Attach separate list, if necessary)

Year	Product Name	Gross Sales	Product Name	Gross Sales
Current:				
1 st Prior:				
2 nd Prior:				
3 rd Prior:				
4 th Prior:				

- b. Total sales or receipts for all products and services:

Next Year (Projected)	Past 12 Months	1 st Prior year	2 nd Prior Year

- c. Percentage of: Total sales for replacement parts: _____ % Total receipts for installation: _____ %
- d. Average cost of final product: \$ _____
- e. Is original installation of products performed by your employees? Yes No
 If no, does the installer supply parts not manufactured by you? Yes No
- f. Do you wish to include your customers as additional insureds with Vendor coverage? Yes No
- g. If you are a distributor, are you named by the US manufacturer as an additional insured vendor? Yes No
- h. Do you plan to manufacture any new products to be marketed within the next 12 months? Yes No
If yes, describe or attach description: _____
- i. Have you ceased to manufacture any products during the past 5 years? Yes No

If yes, attach a description by sales and year.

If any products are accompanied by written brochures, labels, instructions, catalogs, service agreements, financial data or other written statements, attach copies

5. Processing, Quality Control and Record Keeping

- a. Do others manufacture, assemble, package, or install products under your name or label? Yes No
If yes, attach explanation.
- b. Do you manufacture, assemble, package or install products for others under their name or label? Yes No
If yes, attach explanation.
- c. Do you manufacture the complete product? Yes No
If no, list purchased component parts: _____
- d. Are any parts purchased from foreign manufacturers? Yes No
If yes, describe: _____
- e. Do you have quality control and testing procedures? Yes No
If yes, how long are quality control and testing records kept? _____
- f. Can you identify your products from those of competitors? Yes No
- g. Do your records show to whom and the date each product was sold? Yes No
- h. Do you require certificates from suppliers evidencing Products Liability Insurance? Yes No

6. Loss Prevention, Loss Control and Claim Defense

- a. Who designs your products? _____
- b. Are designs reviewed, tested and verified by others? Yes No
- c. Do you maintain records of changes in designs, advertisements and sales brochures? Yes No
If yes, for how long? _____ years

- d. Are all instructions, operating manuals, advertisements and warranties periodically reviewed by legal counsel to avoid misunderstandings relative to product safety or intended use? Yes No
- e. Are your products designed, tested, labeled, and manufactured to meet or exceed all applicable government and industries standards? Yes No
- f. Are all products UL tested and UL listed? Yes No
- g. 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, attach full details and result of such inquiry.**
- 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 known or suspected defective products from the market? Yes No
- j. Do you maintain and/or service the products? Yes No
- k. Do you maintain complete inventory records of shipments and/or deliveries to consignees? Yes No
- l. Can the manufacture date of each product be identified by the factory number stamped on it? Yes No
- m. Are serial and/or batch numbers shown on the finished product and on shipment invoices? Yes No
- n. Do you keep samples of products involved in your quality control procedures? Yes No
- If yes, how long are samples retained?** _____
- o. Are any of your products subject to deterioration? Yes No
- If yes, describe and indicate period of time:** _____

7. General

- a. Are any of your products flammable or explosive? Yes No
- If yes, attach details**
- b. Do you issue guarantees or warranties to purchasers? Yes No
- If yes, for what periods do you guarantee or warranty your products?
- Attach full details and a copy of your form of guarantee or warranty.**
- c. Do you agree to hold dealers, distributors, subcontractors, or suppliers harmless against claims or suits for bodily injury or property damage in connection with your products? Yes No

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

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 may be guilty of a crime and may be subject to fines or confinement in prison.

NOTICE TO COLORADO APPLICANTS:

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO NEW YORK APPLICANTS:

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.

Applicant Name

Applicant Signature

Date

Producer Name

Producer Signature

Date