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Products Pollution Application

SECTION 1. APPLICANT

NAME OF APPLICANT: _____ DATE: _____
 MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 TELEPHONE: _____ FAX: _____ WEB ADDRESS: _____
 CONTACT NAME: _____ EMAIL: _____ TITLE: _____
 Company is an: Individual Partnership Corporation Joint Venture Other: _____

Additional Named Insured(s):

Name: _____
 Address: _____
 Description: _____

GENERAL INFORMATION

- Specify the year the Applicant initially commenced operations: _____
- Has the Insured ever operated under another name? Yes No
 If yes, explain: _____
- Has the Insured acquired, merged, or discontinued any operations in the last five (5) years? Yes No
 If yes, explain: _____
- Does the firm have: Subsidiaries Parent Company Other Related Entities: _____
 If yes, explain: _____
- Please list the location of factories or stores where the products are manufactured:

- Please list the location of factories or stores where the products are distributed directly by the Insured:

What are the Applicant's total revenues for each of the last three years?

1st Preceding Year \$ _____ 2nd Preceding Year \$ _____ 3rd Preceding Year _____

SECTION II. Retention, Limit & Coverage Requested

Effective Date: _____ Policy term: _____ One Year Two Year
 Retention Type: Self Insured Retention Deductible
 Retention Amount: \$25,000 \$50,000 Other: _____

SECTION III: PRODUCTS LIABILITY INSURANCE INFORMATION

	Carrier	Revenue	Limits	Premium	Effective Date	Retention	Retro Date
1.							
2.							
3.							

Has any carrier ever refused to renew or instigated cancellation with respect to a liability policy issued to the Applicant, a predecessor in business, or a person, firm or organization for whom the Applicant has assumed the liabilities of or has a liability policy issued to any aforementioned ever been cancelled at the instigation of any premium finance company? Yes No

If yes, provide details: _____

SECTION IV: PRODUCTS INFORMATION

1. Product Trade Name: _____
2. Please describe the Product(s) and Use(s): _____

	Products and Services	Applicant Acts as a(n) M, W R I MR	Number of Years	% of Gross Sales	Does Applicant Install or Repair	Products sold to W, R, MR, C, O
1.						
2.						
3.						
4.						
5.						

M – Manufacturer W – Wholesaler R – Retailer MR – manufacturers rep C – Consumer O- other (please specify:)

3. Are or could any of your products or services be part of, used on, or in connection with:
- a. Aircraft/aerospace Yes No
 - b. Transportation/transit Yes No
 - c. Watercraft/Offshore Yes No
 - d. Medical/life support services Yes No
4. Regarding your products:
- a. Are the products designed by you? Yes No
 - b. Do you assemble the products? Yes No
 - c. Are any of your products assembled by retail consumers? Yes No
 - d. Do others manufacture, assemble, package or install products for others under your name or label? Yes No
If yes, please explain: _____
 - e. Do you manufacture, package or install products under your name or label? Yes No
 - f. Are any components of your products foreign made? Yes No
If yes, please explain: _____
 - g. Is original installation of such products made by your employees? Yes No
If no, please explain: _____
 - h. Do you maintain and/or service your products? Yes No
If yes, please explain: _____
 - i. 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.
5. Regarding Quality Control of your products:
- a. Are written quality control and testing procedures followed? Yes No
How long are quality control and testing records kept? _____
 - b. Can you identify your product from competitors? Yes No
 - c. Do your records indicate when each product was manufactured? Yes No
 - d. Do your records show who supplied the component parts going into your products? Yes No
 - e. Do your records show to whom and the date each product was sold? Yes No
6. Regarding Loss Control for your products:
- a. Do you have a written products safety program for which specific individuals have responsibility for implementation? Yes No
 - b. Do suppliers and distributors of your product hold you harmless or insure you? Yes No
If yes, please explain: _____
 - c. Are any of the suppliers, distributors or dealers affiliated with you? Yes No
If yes, please List: _____
 - d. Are products designed, tested, labeled and manufactured to meet or exceed all Applicable government and industry standards? Yes No
 - e. Are guarantee and/or warranties to purchasers? Yes No
If yes, for what period of time? _____
 - f. Do you provide training or instruction in the use of any product? Yes No
 - g. Have you ever recalled or are you considering recalling any products? Yes No
If yes, please explain. _____
 - h. Do you have a specific program to withdraw known or suspected defective Products from the market? Yes No

7. Regarding the accident/claims procedures for your products:
- a. Do you have any written procedure for obtaining information about any complaints, accidents or injuries involving your products? Yes No
 - b. 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

SECTION V: CLAIMS HISTORY

1. Has any claim, suit or notice of incident been made previously against the Applicant (or Predecessor)? Yes No
 If yes, state a) the date when the claim was made; b) the date of the incident, act or omission giving rise to the claim; c) name of the claimant; d) nature of the claim; e) amount paid or estimated to be paid; and f) current status and /or final disposition of claim.

2. Has any member of the applicant, or predecessor firm or any entity that the applicant wholly or partly owns, manages and/or controls aware of any circumstances that may result in any claim, suit or notice of incident or occurrence against them? Yes No
 If yes, please provide details on additional paper.

Fraud Warning: Applicable To All States

Any person who knowingly and with intent to defraud any insurance company or other person(s) 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.

Warranty Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, (s)he (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement bind the insurance. Signing this application does not bind the applicant to the insurer to complete the insurance.

Notice to Applicants: Any person who knowingly and with intent to defraud any insurance company or other person(s) that files an application containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime.

APPLICANT _____
 Signature of Principal or Officer

 Date

PRODUCER _____
 Signature of Producer

 Date