
Products and General Liability Application for Manufactures

Named Insured: _____
Agent _____
New: Y/N _____
Renewal Y/N Policy # _____
Effective Date _____

Current Carrier Information

Carrier _____
Limit of Insurance _____
Deductible _____
Premium _____
Expiration _____

Has any similar coverage been canceled or non renewed in the past 5 years? Yes No

Attach copies of the following:

- a. Current financial statement
- b. Applicant's product brochures
- c. Specimens of contracts/guarantees provided customers, if any, and specimens of contracts with suppliers of manufactured products or components.
- d. Product recall plans and procedures
- e. Quality control procedures

1a. Name and address of parent company and all subsidiaries to be insured: (NOTE: Coverage applies ONLY to those entities specifically named.) Identify entities as parent or subsidiaries.

(1) Name _____
Address _____
City _____ State _____ Zip _____

Years in Business? _____

Describe your business operations

(2) Name _____
Address _____
City _____ State _____ Zip _____

Years in Business? _____

Describe your business operations

ATTACH A SEPARATE SHEET TO LIST ADDITIONAL ENTITIES TO BE INSURED ATTACHED

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2. Have you merged with or acquired any companies in the last 3 years? Yes No
If Yes, provide details and advise how past liabilities were handled in the acquisition.

3. Do you have a formal quality control program? Yes No
If Yes, provide details. If No, how do you assume the quality of your products?

4. If any division, product, or product group is to be specially excluded from coverage, please indicate:

5a. What products are manufactured, sold, handled or distributed?

Type of Product & Brand Name	Cost of Goods Sold* (000)	Total Sales Last Year (000)	Percent of Sales Outside the U.S	Estimated Sales for Next Year (000)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Advise cost of goods sold on a per product/unit basis for above products.

5b. In what geographic areas/states are these products sold or used? Indicate percentage of sales in each area.

U.S. States Geographic Sections	Percent of Sales	Foreign Countries	Percent of Sales
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5c. If any products become component parts of another company's products, supply details and include end use applications. If sold to be repackaged under another name, to whom is it sold and what is the eventual name?

5d. Are any new products to be introduced/manufactured during the next year? Yes No
Describe type and expected sales:

5e. Do you manufacture any products that are used in the following industries?

Care	Pharmaceutical Biotechnology Industrial Piping/Pressurized Piping Seafood processing	Motor Vehicles Sporting Goods Meat Processing/Slaughter Houses Food Manufacturing/Processing	Chemical Medical/Health Children's Furniture Aviation Children's Toys
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6. Are any products sold or components used by you manufactured by foreign manufacturers? Yes No
If yes, advise details with percent of cost of goods sold that have foreign components.

7. In the event that it becomes necessary to recall a product, what means would be used to secure the return and disposal of the product? How much estimated expense could this entail?

8. Has any product ever been recalled? Yes No If Yes, provide the following details:

- a. Date of recall: _____ Voluntary or ordered? _____
- b. Product involved: _____
- c. Reason for recall and how discovered: _____
- d. What was the remedy of the problem? _____
- e. Were the federal/state authorities notified? Yes No If Yes, on what date? _____

9b. Do you have a formalized recall program? Yes No If Yes, please attach a copy.
If No, do you have an informal plan? Yes No If Yes, attach an outline.

10a. (i) Are batch product records, serial numbers or copies of guarantee/warranty cards maintained which would facilitate tracing whereabouts of products? Yes No
If yes, supply details including how long such records are maintained.

- (ii) Are products identified to ensure traceability to date and place of manufacturing? Yes No
- (iii) Are critical components identified and traceable to original source? Yes No
- (iv) Are raw materials traceable back to original source? Yes No

10b. Do you provide vendor agreements to customers of your products and name them as additional insureds? Yes No
If Yes, please explain and attach specimen agreements.

11. Are there any present situations which might give rise to an incident causing a product recall? Yes No
If yes, supply details.

- | | | | |
|-----|--|-----|----|
| | Does any manufacturer provide vendors protection to you for any product that you distribute?
If Yes, Please advise which products and explain. | Yes | No |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| 11. | Are there any present situations which might give rise to an incident causing a product recall?
If yes, supply details. | Yes | No |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| 12. | Have you had any Product Liability claims or Manufacturing/Specification Errors & Omissions Claims that were or were not covered by insurance?
If Yes, advise detail. | Yes | No |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| 13. | Have you been cited by any regulatory agency for violations arising out of business activity involving your product?
If Yes, advise details. | Yes | No |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| 14. | What percentage of your manufactured product sales are"
a. based on customer specifications? _____
b. based on your design? _____ | | |
| 15. | Any joint venture specification development for products being manufactured now or in the future?
If Yes, advise details. | Yes | No |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| 16. | Are ISO 9000 certified? Year of recognition: _____
Are you attempting to become ISO 9000 certified? | Yes | No |
| | | Yes | No |
| 17. | Do you service or repair your products or other' products at your premises or at another location? | Yes | No |
| 18. | Do you have any discontinued products?
If Yes, please explain the reason for discontinuing. | Yes | No |
| | _____ | | |
| | _____ | | |
| | _____ | | |

THE APPLICANT HEREBY DECLARES that the above statements and particulars are true and that all materials facts have been revealed. The applicant further agrees that this application shall be relied on by the Company in issuing any contract of insurance. Signature on the application does not bind the applicant to accept the insurance or bind the Company to issue a policy, and the Company retains the right to determine the maximum acceptable limit of insurance and the minimum acceptable deductible.

Signature of Applicant: _____

Title: _____ Date: _____

Agent: _____ Date: _____

PLEASE NOTE: Completion and submission of the application is for the purpose of securing a premium quotation only. No coverage will be effected until receipt of written instructions and agreement by the company. Any contract issued now or subsequently will be in full reliance upon the statements and representations made in this application.