

Products Liability Application

- | | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 9. | Is any of your work subcontracted to others? | YES | NO |
| | If so, state type and percentage: _____ | | |
| | Are any parts purchased from foreign manufacturers? | YES | NO |
| | If yes, describe: _____ | | |
| | | | |
| 10. | Do you assemble the product? | YES | NO |
| | | | |
| 11. | Has the product been tested by Underwriters Laboratories? | YES | NO |
| | Is it UL listed? | YES | NO |
| | | | |
| 12. | What percentages of sales are for replacement parts? _____ | | |
| | | | |
| 13. | Has your product ever been subject to any inquiry or investigation by any governmental agency concerning the efficiency, adequacy of labeling, hazardous contents or safety? | | |
| | | YES | NO |
| | a. If yes, attached full details including a copy of your standard written service contract and gross receipts from this source. | | |
| | b. Do you maintain complete inventory records of shipments and/or deliveries to consignees? | YES | NO |
| | c. Can the date of manufacture of each product be identified by the factory number stamped on it? | YES | NO |
| | d. Have you ever recalled any of your products for any reason? | YES | NO |
| | *If yes, attach details. | | |
| | e. Are serial and/or batch numbers shown on the finished product and on shipment invoices? | YES | NO |
| | f. Do you keep samples of products involved in your quality control procedures? | YES | NO |
| | g. Do you have a product recall plan? If so, attach description. | YES | NO |
| | | | |
| 14. | Is original installation of products performed by your employees? | YES | NO |
| | If no, does the installer supply parts not manufactured by you? | YES | NO |
| | | | |
| 15. | Are any of your products subject to deterioration? | YES | NO |

If yes, describe and indicate period of time: _____

Products Liability Application

26. What is estimated sales for this ear? _____

Give claims history in following form or equivalent (5 years) (Amounts shown should be from the ground up)

YEAR	CLAIMS PAID		RESERVES OPEN		INSURED'S NAME
	NUMBER	AMOUNT	NUMBER	AMOUNT	
1.					
2.					
3.					
4.					
5.					

27. Has any insurer ever cancelled or refused to issue or renew your products liability insurance?
 (Not applicable in Missouri) YES NO

This application does not bind applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application or 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 claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application or 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 subjects such person to criminal and civil penalties.

Products Liability Application

APPLICANT'S SIGNATURE: _____

DATE: _____

AGENT NAME: _____

AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT

IMPORTANT NOTICE:

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY INDICATE NOT APPLICABLE