

PRODUCT LIABILITY SUPPLEMENT

ALL QUESTIONS MUST BE ANSWERED - IF NOT APPLICABLE USE N/A (Failure to provide answers to all questions will delay your quotation). This is a supplement to the acord applications.

1. Name of Applicant: _____

2. Business Address: _____
Web site if available _____

3. Proprietorship Partnership Corporation Other _____

4. How many years have you been in business under the present name? _____

(a) Have you ceased to manufacture any product during the past five years? No Yes-
If so, attach full details, including description, sales, and losses by year.

(b) Have you or your principals ever engaged in this or similar enterprises under a different name? No Yes-If so, attach full details

5. (a) Furnish a complete description of the products to be insured. _____

(b) Of what materials or principal components are each of these principally composed? _____

6. Do you manufacture the complete product? Yes No-If not, what component parts are purchased by you? _____

7. Component parts are purchased from: _____

8. Do you assemble the product? No Yes-If so, where? _____

9. Do you maintain and/or service the product? No Yes-If so, attach full details including a copy of your standard written contract and receipts from this source. \$ _____

10. Do you maintain quality control procedures? No Yes-If so, attach a brief outline of such procedures. _____

11. Do you maintain complete inventory records reflecting shipments and/or deliveries to consignees Yes No-If no how is inventory tracked? _____

12. Are serial numbers and/or batch numbers shown on the finished products and on shipment invoices? Yes No-If no how are your products identified? _____

(a) Does the factory number stamped on your products identify the date of manufacture of each product? Yes No

(b) Do you keep samples of products involved in your quality control procedures?
 No Yes If so, how long are samples retained? _____

13. (a) Have you ever recalled any products for any reason? No Yes-If so, attach details

(b) Do you have a products recall plan? No Yes-If so, attach copy or description

14. Has your product ever been subjected to any inquiry by any Government Agency concerning the efficiency, adequacy of labeling, hazardous contents, or safety? No Yes-If so, attach full details and results of such inquiry.

15. Your company's estimated total payroll is: _____

16. (a) PRIOR CARRIER AND LOSS HISTORY (PAST 5 YRS) Secured from Prior Carrier
 Assured
 *(Fully describe any loss more than \$5,000)

Period	Insurance Company	Premium	Rate	Deductible	Limit	# of Claims	Amount Paid	Amount Reserved
		\$		\$	\$		\$	\$
		\$		\$	\$		\$	\$
		\$		\$	\$		\$	\$
		\$		\$	\$		\$	\$
		\$		\$	\$		\$	\$

(b) Are you aware of any incidents not yet reported, which may result in claims against you?
 No Yes-If yes, describe.

(c) Has any insurance Company or Underwriter ever refused to issue or cancelled your Products Liability Insurance? No Yes (Attach details)

17. Show sales for 5 years with your principal products shown as a percentage of total sales:

PRINCIPLE PRODUCT (Identify)

Policy Period	Sales	Name of Principle Product	% of Total Sales	# of Units
	\$		%	
	\$		%	
	\$		%	
	\$		%	
	\$		%	
	\$		%	

18. Is original installation of products done by your employees? Yes No-If not, who does the installation? _____
19. Do you subcontract the installation? No Yes. If so, do you request certificates of insurance from all subcontractors? No Yes. Are Certificates of Insurance kept on file? No Yes
20. Are any of your products combustible or explosive? No Yes (Attach details)
21. Does the final product contain any known or suspected irritants of any nature? No Yes (Attach details)
22. Does the final product contain any mutagenic or carcinogenic material? No Yes (Attach details)
23. Are any of your products subject to deterioration and if so, over what period of time? _____
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24. Do you issue guarantees and/or warranties to purchasers? No Yes-If so, for what period do you guarantee and/or warrant your products? _____
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- (Attach full details and copies of your of guarantees and/or warranties)
25. What products do you distribute in original containers for direct consumption by the consumer? _____
26. (a) Do you agree to hold dealers, distributors, or suppliers harmless against claims or suits for Personal Injuries or Property Damage concerning your products? Yes No
 (b) Are any of the above affiliated with you? No Yes (If so, attach explanation)
 (c) If you are a distributor, are you insured by the manufacturer? _____
27. Do any written instructions, labels, brochures, or other written statements accompany your product? No Yes (If so, attach copies)
28. Attached is a copy of the most recent financial information or annual report. If not available state reason: _____
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29. Do you provide any products in bulk form to distributors or wholesalers without their original containers? No Yes (If so, attach details) _____
30. What materials or products handled by you are poisonous either by themselves or in combination with other materials? _____
31. Are you affiliated in any way with any of your suppliers or distributors? No Yes (If so, attach details). _____

32. What percentage of your product is distributed in the following Geographical areas:
 West Coast _____ % East Coast _____ % Midwest _____ %
 Southwest _____ % Southeast _____ % Overseas _____ %

33. Indicate percentage of activity conducted:
 Manufacturer _____ % Wholesaler _____ % Retailer _____ % Contractor _____ %

34. If the products to be insured are cosmetics, pharmaceuticals or edibles, do you compound ingredients and package or repackage them? No Yes (If so, attach details)

35. Are any of your products used by the aircraft industry? No Yes (If so, attach details)

Limits of Liability required: _____ Gen. Agg. (other than Prod./Co.-Ops)
 _____ Prod. & Comp Ops. Agg
 _____ Personal & Advertising Injury
 _____ Each Occurrence
 Deductible: \$ _____ Fire Damage Legal Liability
 _____ Medical Expense Limit

Base rate on: Sales Payroll Other-Describe _____

Proposed Effective Date of Coverage: _____

Application Warranty

This application shall not be binding unless and until a policy shall be issued and then only as of the effective date of said policy and in accordance with all terms thereof, and the said Applicant hereby warrants and agrees that the foregoing statements and answers are just, full and true representations of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and a condition of the insurance, and a warranty on the part of the insured.

It is mutually understood and agreed between the Company and Applicant that any inspection of premises, operations, or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant in any respect.

 Signature of Producer Date

 Signature of Applicant Date
 Principal Officer