

APPLICATION FOR PRODUCTS AND COMPLETED OPERATIONS LIABILITY INSURANCE

Submitted By: _____ Agency: _____
 Address: _____ Date: _____

Applicant's Instructions:

1. Answer all questions. If the answer to any question is NONE, please state NONE.
2. Please read carefully the statements at the end of this application.
3. Please attach the following information:
 - A. Products brochures, catalogs, service agreements, labels, instructions or other written statements
 - B. Current audited financial statement (or pro forma)
 - C. Accord Application

1. **Applicant** Proposed Effective Date: _____

A. Full name of all entities to be insured: _____

B. Principal address: _____

NOTE: No Coverage is available for entities or organizations domiciled outside the United States of America

C. Website: _____

D. Contact: _____ Title: _____

Telephone: _____ E-Mail: _____

E. Corporation Partnership Proprietorship Other _____

F. Years in business under present name, years under any prior name: _____

G. Describe present or prior affiliation with other firms: _____

2. Specifications

	Requested	Present
A. Limits of Liability:	\$ _____	\$ _____
B. Deductible or Self-Insured Retention (specify):	\$ _____	\$ _____
C. Retroactive Date (if applicable): _____		
D. Present Primary Insurer: _____	Premium: \$ _____	Rate \$ _____
E. Present Excess Insurer: _____	Limits: _____	Premium \$ _____

F. Has any insurer ever cancelled, restricted, or refused to renew your products liability insurance? Yes No

If yes, please attach details _____

3. Products and Completed Operations

A For your estimated sales (next 12 months) describe your products and services. Show the number of years involved with each product and the percentage of overall sales. _____

Products/Services	# of Years	% of Sales	Cost Per Unit

B. Products acquired via acquisition or merger: _____

Did you assume liabilities for these products? Yes No

If yes, please explain including date of acquisition: _____

C Do you retain liabilities for products or divisions that you no longer control? Yes No

If yes, please explain including date divested: _____

D. Do you plan the introduction of any new products? Yes No

If yes, please explain: _____

E Have you discontinued any products? Yes No

If yes, please explain and include the date(s) discontinued and sales amount: _____

F Sales History	Sales	Principal Product	% of Total Sales
Estimated (next 12 months):	\$ _____	_____	_____
Past 12 Months:	\$ _____	_____	_____
1st Previous Year:	\$ _____	_____	_____
2nd Previous Year:	\$ _____	_____	_____
3rd Previous Year:	\$ _____	_____	_____
4th Previous Year:	\$ _____	_____	_____

Replacement parts are what percentage of estimated sales? _____ %

G. Has there been a significant change in product mix? Yes No

If yes, please explain: _____

H. Do you directly import any products? Yes No

If yes, describe the products and provide percentage of sales and country of origin: _____

I. Do you export products? Yes No

If yes, percentage of estimated sales and countries sold to: _____

J. Could any of your products or services be used on or in connection with aircraft/missile/ aerospace? Yes No

If yes, percentage of estimated sales: _____

K. Do your current or past products contain Asbestos, Lead, Silica, Bisphenol A, Phthalates, Benzene, Cadmium? Yes No

If yes, years sold and percentage of sales: _____

L. Do you manufacture or distribute nanomaterials or sell or license nanotechnology to others? Yes No

If yes, describe and include percentage of estimated sales: _____

M. Do you use nanomaterials in your manufacturing process or are nanomaterials incorporated into any of your products? Yes No

If yes, describe and include percentage of estimated sales: _____

N. Do you install your product, or if installed by others, do you supervise the installation? Yes No

If yes, please provide your payroll and/or subcontract cost for the installation: _____

O. Suppliers and Distributors:

i. Do you hold them harmless or insure them? Yes No

ii. Do you obtain certificates of product liability insurance from each of you suppliers? Yes No

iii. Do they hold you harmless or insure you? Yes No

If yes to any of above, please provide copies of endorsements naming you as an additional insured and copies of hold harmless agreements.

4. Claim History - Five years or more (attach a hard copy from prior carriers)

A. Total aggregate losses, from first dollar, including expenses:

Policy Effective Date/Month/Year	Carrier Name	No. of Claims	Total Indemnity and Expense Paid	Total Indemnity and Expense Reserved	Total Incurred

B. Individual losses valued at \$10,000 or more, from first dollar including defense expenses:

Date of Loss	Product Involved	Describe Loss and Injury or Damage	Total Indemnity and Expense Paid	Total Indemnity and Expenses Reserved

C. Are you aware of any other incidents, conditions, circumstances, defects or suspected defects which may result claims against you? Yes No

If yes, provide details: _____

5. Loss Prevention/Product Design/Quality Control

- A. Have your products ever been subject to inquiry or investigation relative to product safety by any governmental agency or industry regulatory body including but not limited to the Consumer Protection Safety Commission? Yes No
If yes, percentage of estimated sales: _____
- B. Do you have a written products recall plan? If yes, please attach a copy Yes No
- C. Have you ever recalled products because of a potential product safety hazard? Yes No
If yes, attach details indicating percent of recovery.
- D. Are your products designed, tested, labeled, and manufactured to meet or exceed all government and industry standards? Yes No
If yes, describe those standards: _____

6. Loss Control/Defense

- A. Explain how you identify your products and parts from similar competitors' products and parts:

- B. Can you determine, based on available records for all products you have sold:
- When any given product item was manufactured? Yes No
 - To whom it was sold, and the date of sale? Yes No

7. Acknowledgements, Authorization and Signature

By signing this Application, you represent and agree to each of the following four (4) items:

- You have made a comprehensive internal inquiry or investigation to determine whether anyone in your firm is aware of any actual or alleged fact, circumstance, situation, act, error or omission which may reasonably be expected to result in a claim, and have fully and completely divulged any and all such situations in this Application.
- Each of the statements and answers given in this Application, are:
 - Accurate, true and complete to the best of your knowledge;
 - No material facts have been suppressed or misstated;
 - Representations you are making on behalf of all persons and entities proposed to be insured;
 - A material inducement to the insurance company to provide insurance, and any policy issued by the insurance company issued in specific reliance upon these representations.
- This Application, along with any other Application or Supplemental Applications are hereby deemed to be attached to the policy contract, and incorporated into the policy contract, whether or not any of the other Supplemental Applications are physically attached to a particular copy of the policy contract, and regardless of whether any of the other Supplemental Applications are signed or dated
- You agree to promptly report to the Company, in writing, any material change in your operations, conditions, or answers provided in this Application, or any other Application or Supplemental Application, that may occur or be discovered after the completion date of said Application(s), but before the inception date of the policy. Upon receipt of any such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance.

FRAUD WARNING Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

IMPORTANT NOTICE: Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation is required prior to binding coverage and policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued. And it will be attached to the policy. An authorized representative who is an active owner, officer, or partner of your firm must sign this Application within thirty (30) days prior to the policy inception date

Signature of Owner, Officer or Partner Print or Type Name and Title Date

Attach page for additional explanation to the questions designated

Question No. _____ Explanation _____