



3. Are you aware of any other occurrences, incidents, conditions, defects or suspected defects, which may result in claims against you?  Yes  No If yes, provide details:

**PRIOR CARRIER INFORMATION**

<b>YEAR:</b>					
<b>1. General Liability</b>					
Carrier					
Policy No.					
Policy Type	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC
Retroactive Date					
Policy Limits: Occurrence					
General Aggregate					
Premium					
SIR or DED					
Expense within policy limit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>2. Products Liability</b>					
Carrier					
Policy No.					
Policy Type	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC
Retroactive Date					
Policy Limits: Occurrence					
Products Aggregate					
Premium					
SIR or DED					
Expense within policy limit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Missouri Applicants: **DO NOT** answer this question.  
Has any insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past 5 years?  
 Yes  No If yes, explain:

4. Has any product, work, accident or location been excluded, uninsured or self-insured from any previous coverage?  
 Yes  No If yes, explain:

**SPECIFIED PRODUCTS AND COMPLETED OPERATIONS**

1. Only those products and services specified below will be considered for coverage. Refer to key below.

Products (Specific Category)	Applicant Acts as a/an:					No. of Years	% Gross Sales	Does Applicant		Products Sold To				
	M	W	R	I	MR			Install	Repair/Service	W	R	MC	C	O
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M = Manufacturer    R = Retailer    MR = Manufacturer's Rep    W = Wholesaler  
I = Importer    C = Consumer-Direct    O = Other (specify):

- |       |  |  |                                       |
|-------|--|--|---------------------------------------|
| 2.    | Have you discontinued or are you considering discontinuing any product to be covered by this insurance?<br>If yes, describe:             | <b>Yes</b><br><input type="checkbox"/> | <b>No</b><br><input type="checkbox"/> |
| <hr/> |  |  |                                       |
| 3.    | Are any new products planned for sale during the next 12 months?   | <input type="checkbox"/>               | <input type="checkbox"/>              |
| 4.    | Do you import component parts?   | <input type="checkbox"/>               | <input type="checkbox"/>              |
| 5.    | Do you export products or have foreign operations?   | <input type="checkbox"/>               | <input type="checkbox"/>              |
| 6.    | Do you know that any of your products or services is used in connection with aircraft/missiles/aerospace?                                | <input type="checkbox"/>               | <input type="checkbox"/>              |
| 7.    | Are any of your products or services subject to registration/regulation/review by any governmental agency?<br>EXPLAIN ANY "YES" ANSWERS: | <input type="checkbox"/>               | <input type="checkbox"/>              |

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**SALES HISTORY**

- |       |   |  |  |
|-------|---|--|--|
| 1.    | Total sales or receipts for all products and services:<br>Past 12 Months: \$ _____   1 <sup>st</sup> Prior Year: \$ _____   2 <sup>nd</sup> Prior Year: \$ _____<br>Describe any significant change in product sales mix between any prior year and next year's projection: |  |  |
| <hr/> |   |  |  |
| 2.    | Do you wish to provide your customers with vendor's coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes:<br>Name of Vendor:<br>Your Product:  |  |  |

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**PROCESSING, QUALITY CONTROL, AND RECORDKEEPING**

- |       |   | <b>Yes</b>               | <b>No</b>                |
|-------|---|--------------------------|--------------------------|
| 1.    | Do others manufacture, assemble, package or install products under your name or label?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.    | Do you manufacture, assemble, package or install products for others under their name or label?<br>EXPLAIN ANY "YES" ANSWERS: | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> |   |                          |                          |
| 3.    | Are written quality control and testing procedures followed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.    | How long are quality control and testing records kept:<br>Are you required to file the test results with any regulatory body? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.    | Can you identify your product from those of competitors?<br>Indicate how:   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.    | Do your records indicate when each product was manufactured?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.    | Do your records show to whom and the date each product was sold?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.    | Do your records show who supplied the component parts going into your products?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.    | Do you require certificates from your suppliers evidencing products liability insurance?<br>EXPLAIN ANY "NO" ANSWERS:         | <input type="checkbox"/> | <input type="checkbox"/> |

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**LOSS PREVENTION, LOSS CONTROL, CLAIM DEFENSE**

- |    |   | <b>Yes</b>               | <b>No</b>                |
|----|---|--------------------------|--------------------------|
| 1. | Indicate who designs your products:<br>Do you require certificates evidencing Design or Architects and Engineers Errors and Omissions Insurance?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Are designs reviewed, tested and verified by others?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Do you maintain records of changes in designs, advertisements and sales brochures?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Does legal counsel periodically review all instructions, operating manuals, advertisements and warranties to avoid misunderstandings relative to product safety or intended use?<br>Indicate how often: | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government or industry standards?   | <input type="checkbox"/> | <input type="checkbox"/> |

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 6. Do you ever draw plans, designs or specifications for any product(s) for others?<br>If yes, do you carry Design or Architects and Engineers Errors and Omissions Insurance?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you sold any business in which you retained liabilities?<br>If yes, furnish details including list of products manufactured, assembled, packaged or installed by you prior to the date sold: | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>  |                          |                          |
| 8. Do you have a specific program to withdraw known or suspected defective products from the market?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever recalled (either voluntarily or involuntarily) or are you considering recalling any known or suspected defective products from the market?<br>If yes, provide details:              | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>  |                          |                          |
| 10. Do you furnish any guarantees, warranties, or hold harmless agreements?<br>If yes, provide details:  | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>  |                          |                          |
| 11. List your memberships in any industry product-standard organization (ex: ISO 9000):  |                          |                          |

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**GENERAL INFORMATION**

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| 1. Is there any exposure to flammables, explosives or chemicals?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there any exposure to radioactive/nuclear materials?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous materials? (e.g., Landfills, Wastes, Fuel Tanks, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is any machinery or equipment loaned or rented to others?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are any medical facilities provided or doctors employed/contracted?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is a formal safety program in operation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are any watercraft, docks, or floats owned, hired or leased?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are any sporting or social events sponsored?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are certificates of insurance required from all subcontractors?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do your subcontractors carry coverages or limits less than yours?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are any hoists, cranes or mobile equipment owned, operated, maintained or used in your operations?  | <input type="checkbox"/> | <input type="checkbox"/> |

EXPLAIN ALL "YES" ANSWERS:

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**COVERAGES/LIMITS**

Desired program:  CGL       Products Only

	<b>Limits of Insurance Requested</b>
General Aggregate	\$
Products and Completed Operations Aggregate	\$
Each Occurrence	\$
Personal and Advertising Injury Limit	\$
Damage to Premises Rented (Any One Fire)	\$
Medical Expenses	\$

Deductible       Self-Insured Retention  
 \$ \_\_\_\_\_  Per Occurrence or Offense       Per Claim       Includes Defense

Optional Coverages (describe limits, deductible, etc.):

Insured's Claims Adjustment Service:

Name:

Address:

Telephone Number:

**SCHEDULE OF HAZARDS**

LOC #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR.	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
			(s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other		(s) per \$1,000 (p) per \$1,000/pay (a) per 1,000 sq. ft. (c) per \$1,000 cost (t) per unit			

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

[http://www.northlandins.com/Producer\\_Compensation\\_Disclosure.asp](http://www.northlandins.com/Producer_Compensation_Disclosure.asp)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northland Insurance Companies, c/o Law Department, 385 Washington St., St. Paul, MN 55102.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Northland. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

**FRAUD STATEMENTS**

**ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person 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 subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

**LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

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**IMPORTANT NOTICE  
DECLARATION**

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I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

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

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**SIGNATURES**

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		

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