



PRODUCT LIABILITY SUPPLEMENT
 (Include Acord Application)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

1. APPLICANT

- a. Full name of all entities past and/or present to be Named Insured's _____
- b. Principal address: _____
- c. Number of employees: Total _____ Full-time _____ Part-time _____ Seasonal _____
- d. Is any of your work subcontracted to others? Yes No
- e. Please check one of the following: Corporation Proprietorship LLC Other _____
- f. Years in business under present name: _____

2. POLICY

		Insurance Requested	Present Insurance
a.	Limits of Liability:		
b.	Deductible/SIR:		
c.	Retroactive Date:		
d.	Present Insurer:		
	Occurrence:	<input type="checkbox"/>	Claims made: <input type="checkbox"/>
e.	Was tail coverage purchased?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f.	Has insurer ever cancelled, restricted, or refused to renew your products liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g.	If yes, please attach explanation.		

3. SPECIFIED PRODUCTS & COMPLETED OPERATIONS

a. Only those products and services specified below will be considered for coverage.

Products & Services (or specific categories)	Applicant acts as a/an:					# of Years	% of Gross Sales
	M	D	R	I	MR		

Products & Services (or specific categories)	Does applicant:		Products sold to:				
	Install?	Repair or service?	D	R	MR	C	O

M - Manufacturer	D – Distributor	R – Retailer	I – Importer	MR – Manufacturers rep	C - Consumer	O – Other (describe)
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- b. Have you discontinued or are considering discontinuing any product to be covered by this insurance? Yes No
- c. Are any of your products or services known to be used in connection with aircraft/missiles/aerospace? Yes No
If yes, please attach explanation.
- d. Are there any foreign manufactured products? Yes No
If yes, what percentage are replacement parts? _____%

4. SALES

a. Show sales for the past 5 years. (Attach a list if necessary.)

Year	Gross Sales	Product's Name	Estimated Sales	Product's Name
Current Year				
20____				
20____				
20____				
20____				

- b. What percentage of sales are for replacement parts? _____%
- c. Average cost of final product: \$ _____
- d. Is original installation of products performed by your employees? Yes No
If no, does the installer supply parts not manufactured by you? Yes No

5. SALES & MARKETING

a. Total sales or receipts for all products and services:

Next years projection	1 st prior year	Past 12 months	2 nd prior year
\$ _____	\$ _____	\$ _____	\$ _____

- b. What percentage of total sales are for replacement parts? _____%
- c. What percentage of total receipts are for installation? _____%
- d. Do you wish to include your customers as additional insureds with Vendors coverage? Yes No
- e. Does risk have a website? Yes No If yes, website address: _____
- f. If you are a distributor, are you insured by the manufacturer? Yes No
- g. Is your product used in connection with aircraft or aerospace? Yes No
- h. How many years have you been in business under the present name? _____
- i. Have any of the principals ever engaged in this or similar enterprise under a different name? Yes No
If yes, please attach details.
- j. Do you plan to manufacture any new products to be marketed within the next 12 months? Yes No
If yes, please attach a description.
- k. Have you ceased to manufacture any products during the past 5 years? Yes No
If yes, please attach a description by sales and year.
- l. **If any products are accompanied by any written brochures, labels, instructions, catalogs, service agreements, financial data, or other written statements, please attach copies.**

6. PROCESSING & QUALITY CONTROL

a. Processing

- Do others manufacture, assemble, package, or install products under your name or label? Yes No
If yes, please attach explanation.
- Do you manufacture, assemble, package, or install products for others under their name or label? Yes No
If yes, please attach explanation.
- Do you manufacture the complete product? Yes No
If no, what component parts are purchased? _____
- Are any parts purchased from foreign manufacturers? Yes No
If yes, please describe: _____

b. Quality Control & Record Keeping

- Do you have a quality control and testing procedure? Yes No
- How long are quality control and testing records kept? _____
- Can you identify your product from those of competitors? Yes No
- Do your records show to whom and the date each product was sold? Yes No
- Do you require certificates evidencing Products Liability Insurance from suppliers? Yes No

7. LOSS PREVENTION, LOSS CONTROL, CLAIM DEFENSE

- a. Who designs your products? _____
- b. Are designs reviewed, tested, and verified by others? Yes No
- c. Do you maintain records of changes in designs, advertisements and sales brochures? Yes No
If yes, how long? _____ years
- d. Are all instructions, operating manuals, advertisements and warranties periodically reviewed by Legal Counsel to avoid misunderstandings relative to product safety or intended use? Yes No
- e. Are your products designed, tested, labeled, and manufactured to meet or exceed all applicable government and industries standards? Yes No
- f. Are all products UL tested and UL listed? Yes No
- g. Has your product ever been subject to any inquiry or investigation by any government agency concerning the efficiency, adequacy of labeling, hazardous contents, or safety? Yes No
If yes, please attach full details and result of such inquiry.
- h. Do you have a specific program to withdraw known or suspected defective products from the market? Yes No
- i. Have you ever recalled or are you considering recalling any known or suspected defective products from the market? Yes No
- j. Do you maintain and/or service the products? Yes No
If yes, please attach full details including a copy of your standard written service contract and gross receipts from this source.
- k. Do you maintain complete inventory records of shipments and/or deliveries to consignees? Yes No
- l. Can the date of manufacture of each product be identified by the factory number stamped on it? Yes No
- m. Are serial and/or batch numbers shown on the finished product and on shipment invoices? Yes No
- n. Do you keep samples of products involved in your quality control procedures? Yes No
If yes, how long are samples retained? _____
- o. Are any of your products subject to deterioration? Yes No
If yes, please describe and indicate period of time: _____

8. GENERAL

- a. Are any of your products flammable or explosive? Yes No
If yes, please attach details.
- b. Do you issue guarantees or warranties to purchasers? Yes No
If yes, for what periods do you guarantee or warrant your products? _____
Please attach full details and a copy of your form of guarantee or warranty.
- c. Do you agree to hold dealers, distributors, subcontractors, or suppliers harmless against claims or suits for bodily injury or property damage in connection with your products? Yes No
If yes, please attach copies of your standard forms.

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____ Producer: _____

Signature: _____ Date _____ Signature: _____ Date _____