



PRODUCTS OR PRODUCTS POLLUTION APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

NOTE: For certain policies and coverage parts issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:

- 1. Five years of currently valued loss runs for general liability, products liability, and products pollution liability, as applicable, for all proposed Named Insureds
2. Material Safety Data Sheets (MSDS) of all products
3. Product brochures, labels, instructions, and advertising material; standard sales agreement and warranties
4. Quality control procedures, product recall procedures
5. Any existing products liability loss control surveys or recommendations available

A. APPLICANT INFORMATION

Form with fields for Name Of Applicant, Date, Inspection contact name, Phone, Address, City, State, Zip code, Company website, D&B No., Email Address, NAICS, and Company type options (Individual, Partnership, Corporation, Joint Venture, Other).

B. COVERAGE REQUESTED

Indicate requested limits, retention, and retroactive date:

Table with 5 columns: Coverage Part, Per Pollution Condition Limit, Aggregate Limit, Retention, Retroactive Date. Rows include Products Liability, Products Pollution Liability, and Products Recall With Pollution.

C. EXPIRING COVERAGE

Provide expiring policy limits:

Coverage Part	Per Pollution Condition Limit	Aggregate Limit	Retention	Retroactive Date	Premium
Products Pollution	\$	\$	\$		\$
Products Pollution Liability	\$	\$	\$		\$
Products Recall With Pollution	\$	\$	\$		\$

D. REVENUES

Provide total gross estimated revenue for the next 12 months and actual revenue for the prior 2 years:

	Gross Annual Revenues	Domestic Revenue %	Foreign Revenue %
Next 12 months	\$	%	%
1 st prior year	\$	%	%
2 nd prior year	\$	%	%

E. PRODUCTS INFORMATION

1. Complete the information below for the products for which coverage is requested. (Attach additional pages, if needed.)

Product Name Or Unique Identifier	Applicant Acts As A(n):						% of Current Gross Receipts	Years On The Market	Life Expectancy Of Product	Products And Goods Sold To:			
	M	W	D	R	I	MR				D	R	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"/>
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M=Manufacturer W=Wholesaler D=Distributor R=Retailer I=Importer MR=Manufacturer's Rep.
C=Consumer Direct O=Other (Describe):

2. Provide percentage of sales for the product use/applications below:

Industry/Product Type	% Of Sales	Industry/Product Type	% Of Sales
Aircraft/Aerospace	%	Oil/Gas	%
Watercraft/Offshore/Subsea	%	Energy (Other Than Oil And Gas)	%
Pharmaceutical	%	Consumer Goods	%
Cosmetics/Health & Beauty/Personal Care	%	Medical	%
Pesticides/Herbicides	%	Animal Or Human Foods	%
Building/Construction Materials	%	Nutra/Dietary Supplements	%
Other (Describe):	%	Other (Describe):	%

3. Applicant's Products:

- a. Are the products designed by you? Yes No
- b. Do others manufacture, package or install products under your name or label? Yes No
- c. Do you manufacture, assemble, package or install products for others under your name or label? Yes No

If yes, please explain:

- d. Are any components of your products manufactured in foreign countries? Yes No
If yes, please complete the **Foreign Manufactured Products Questionnaire**.
- e. Has your product ever been subject to any inquiry or investigation by any governmental agency concerning the efficiency, adequacy of labeling, hazardous content, or safety? Yes No
If yes, please attach full details and result of such inquiry.
- f. Do you install, repair or service your products? Yes No
If yes, please explain and include associated revenue:

4. Quality Control Products:

- a. Are written quality control and testing procedures followed? Yes No
- b. How long are quality control and testing records kept?
- c. Can you identify your product from competitors? Yes No
- d. Do your records indicate when each product was manufactured? Yes No
- e. Do your records show to whom and the date each product was sold? Yes No
- f. Do your records show who supplied the component parts included in your products? Yes No

5. Loss Control For Products:

- a. Do you have a written products safety program for which specific individuals have responsibilities for implementation? Yes No
- b. Do you utilize distributors or vendors? Yes No
If yes, please explain:

- c. Do manufacturers provide you Additional Insured status for products where you are acting as a vendor? Yes No
If yes, please explain:

- d. Are any of the suppliers, distributors, or dealers affiliated with you? Yes No
If yes, please list:

- e. Are your products designed, tested, labeled, and manufactured to meet or exceed all applicable government and industry standards? Yes No
- f. Are guarantees and/or warranties issued to purchasers? Yes No
If yes, describe the period of time you guarantee or warrant your product(s):

- g. Do you provide training or instruction in the use of any product? Yes No
- 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 product? Yes No
If yes, please explain:

6. Accident/Claims Procedures For Products:

- a. Do you have a written procedure for obtaining information about any complaints, accidents, or injuries involving your products? Yes No
- b. If utilizing distributors/vendors, are your distributors aware of your procedures for prompt notice? N/A Yes No
- c. Do your procedures provide for the examination and preservation of any allegedly defective product? Yes No
- d. Are the results of such examinations recorded? Yes No
- e. Are the results used for improving the product or process procedures? Yes No

F. Claims History

Is the applicant aware of any circumstances which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member, or has any claim, suit or notice of incident been made against the firm or any staff member? Yes No

If yes, please provide full details of each incident:

Initial here if there have been no claims: _____

FRAUD WARNINGS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. *Applies in FL only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA and WA: 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. *Applies in ME only.

Applicable in MN: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Applicable in all other states: 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.

WARRANTY

The undersigned authorized officer of the applicant warrants to the Company, that I/We that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, principals, partners, directors, officers and employees.

This application must be signed by the owner, principal, partner, executive officer or equivalent within 60 days of the proposed effective date.

Name of Applicant

Title

Signature of Applicant

Date

(Florida only) Agent license number: _____