



Products/Completed Operations Liability Application

Full name of applicant _____

If you need more space to add the name of all applicants, please use the last page.

Mailing address _____

City _____ State _____ Zip _____

Contact _____ Title _____

Telephone _____ Website address _____

Premise Address (if different from above) _____

City _____ State _____ Zip _____

Years in business under present name _____

Applicant is: Manufacturer Wholesaler Retailer Importer Exporter Distributor Other _____

Specifications

Requested

Present

Limits of liability \$ _____ \$ _____

Self-insured retention or deductible \$ _____ \$ _____

Retroactive date (if applicable) _____

Present Insurer _____ and premium \$ _____

Product and Sales Data

Please provide product detail in the table below:

Description of Major Product(s)	Years Involved	Principal End Uses	Percent of Gross Annual Sales	Indicate if you do any of the following					
				Install		Service & Repair		Distribute	
				Yes	No	Yes	No	Yes	No
				<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"/>

Please provide historical exposure base detail in the table below:

Term	Units Sold	Domestic Sales	Foreign Sales	Total Sales
Estimated (next 12 mos)				
Past 12 months				
1st previous year				
2nd previous year				
3rd previous year				
4th previous year				

Product and Sales Data

	Yes	No
Do you import products or component parts? If yes, please explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you export products or have foreign operations? If yes, please explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you purchase material or component parts from others? If yes, please explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you retain the liability for any products or operations that you no longer control? If yes, please explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your products sold under another's name or label? If yes, please explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
Any products acquired via acquisition or merger? _____ If yes, did you assume liability for past sales of these products?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever discontinued any products? If yes, please state year discontinued and why:	<input type="checkbox"/>	<input type="checkbox"/>
Do you plan the introduction of any new products? If yes, what products? _____	<input type="checkbox"/>	<input type="checkbox"/>
Has there been a significant change in the product mix? If yes, please explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
Could any of your products or services be used on or in connection with:		
Aircraft/Missile/Aerospace? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
Pharmaceuticals/Vitamins/Herbs? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
Cannabidiol (CBD)? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
Watercraft or Offshore? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>

Product and Sales Data Continued

Yes **No**

Construction/Building Materials? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
Oil/Petrochemical Industry? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
Mining/Underground Work? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
Percentage of total sales to: Wholesalers _____%, Retailers _____%, Consumers _____%		

Loss Prevention/Product Design

Yes **No**

Do you have a written product recall plan? If yes, please attach a copy.	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever voluntarily or involuntarily recalled products because of a potential product safety hazard? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
If you are a distributor and do not actually manufacture the products you sell, does your manufacturer(s) provide you with vendors liability coverage?	<input type="checkbox"/>	<input type="checkbox"/>
If you are a manufacturer, do you hold your suppliers harmless?	<input type="checkbox"/>	<input type="checkbox"/>
Do you do your own design work?	<input type="checkbox"/>	<input type="checkbox"/>
Are your products designed, tested, labeled and manufactured to meet or exceed all government or industry standards?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain records of the following:		
When and where your product was manufactured?	<input type="checkbox"/>	<input type="checkbox"/>
To whom your product was sold and the date of sale?	<input type="checkbox"/>	<input type="checkbox"/>
Who supplied the parts and/or supplies going into the product?	<input type="checkbox"/>	<input type="checkbox"/>

Instructions/Warnings

Yes **No**

Is the end user advised of product hazards by:		
Warning labels as needed?	<input type="checkbox"/>	<input type="checkbox"/>
Written instructions?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide specific training or instruction for the ultimate user in the proper use of your product? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
Does Legal Counsel or top management periodically review all product instructions, warnings, labels, warranties, etc.?	<input type="checkbox"/>	<input type="checkbox"/>

Quality Control and Testing

Yes

No

Are written testing procedures followed?

How long are quality control and testing records kept? _____

What percent of your products are tested before sale? _____ %

Do you use an independent third party testing company?

If yes, what company? _____

Do you have a written procedure for obtaining information about product complaints, accidents, and injuries involving your products?

Supplies and components:

Are they ordered to your specifications?

List critical components of your products:

Do you or any of your employees hold industry standard certifications?

If yes, please explain.

Claim History- 5 years or more *(attach a hard copy from prior carriers)*

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

Date of Claim	Product Involved	Describe Occurrence and Injury or Damage	Amount Paid and Reserved

Are you aware of any other incidents, conditions, circumstances, defects or suspected defects which may result in claims against you?

Yes

No

If yes, provide details.

The Applicant agrees and acknowledges that any claim arising from any incident, condition, circumstance, defect or suspected defect known to exist at the time this Application is submitted shall be excluded from coverage. It is understood and agreed that any claim arising from any prior or pending litigation or written or oral demand shall be excluded from coverage.

The undersigned officer of the Applicant declares that:

- (a) He or she is authorized to sign this Application on behalf of the Applicant;
- (b) To the best of his or her knowledge, the statements made herein are true and correct, and reasonable efforts have been made to ascertain that the information set forth is complete and accurate in all respects;
- (c) He or she will notify the insurer immediately in writing if he or she discovers, between the date of this Application and the effective date of the Policy issued on the basis of this Application, any significant adverse change in the condition of the Applicant or other knowledge which renders the information provided in this Application incomplete or inaccurate; and
- (d) He or she understands that any quotation or offer of coverage tendered by the insurer is made in reliance upon the accuracy and completeness of the information provided in this Application.

Signing this Application does not obligate the Applicant to purchase insurance and accepting this Application does not bind the insurer to complete the insurance or to issue any particular policy.

Applicant Signature _____ Title _____ Date _____

Name of Applicant (Continued from Page 1)

This section can also be used to provide additional Information about the insured or the insured's operations, products or exposures.
