

**PRODUCTS LIABILITY APPLICATION**

**NOTE: This application is to be signed and dated by an officer/principal of the applicant. All questions must be answered.**

A. APPLICANT

1. Give the full name of applicant and subsidiary companies:

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2. Principal address:

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3. Corporation \_\_\_\_\_ Partnership \_\_\_\_\_  
Proprietorship \_\_\_\_\_  
Other (specify) \_\_\_\_\_

4. Sales/receipts estimate for the next 12 months

Domestic \$ \_\_\_\_\_  
Foreign \$ \_\_\_\_\_

5. Payroll estimate for the next 12 months:

Domestic \$ \_\_\_\_\_  
Foreign \$ \_\_\_\_\_

6. How many years has applicant been in business under the current name?\_\_

7. Have any of the principals ever engaged in this or similar enterprises under a different name?

Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, attach details)

8A. Please state the name, title and telephone number of the person we may contact in order to arrange for an inspection of your operation.

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Tel.# \_\_\_\_\_

B. Products and Services.

9. Describe the products and services of the applicant and show the number of years each product or service has been offered.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Give the name/industry of the three largest customers:

1. \_\_\_\_\_
2. \_\_\_\_\_

11. Who performs the installation of the applicant's product(s)?

- A. Applicant \_\_\_\_\_
- B. Customer \_\_\_\_\_
- C. Third party hired by
  1. Customer \_\_\_\_\_
  2. Applicant \_\_\_\_\_

(If more than one method used, please explain.)

12. Have any products been discontinued?

(If so, state reason, year discontinued, and sales for that year and 2 prior years.)

Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please give details)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Does applicant retain the liability for any products or operations which they no longer control?

Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please explain.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Have any products been acquired by merger or acquisition? (If so, explain)

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A. Did the applicant assume liability for these products?  
(If so, explain)

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15A. Sales in the last three years:

	<u>Term</u>	<u>Total Sales</u>	<u>Main Product</u>	<u>Percent of Total</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____

16. Will any new products be introduced in the next 12 months?  
(If yes, explain)

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17. Do you import products or component parts? (Explain)

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18. Have you ever recalled products? (If so, attach details)

19. Have any of your products ever been subject to inquiry or investigation relative to product safety by a governmental agency? (If so, attach details)

20. Can your products be identified from the products of your competitors?  
(If so, explain how this is done)

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21. Describe materials or principal components of each product:

A \_\_\_\_\_

B \_\_\_\_\_

C \_\_\_\_\_

22. Do you manufacture the complete product? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, what components are purchased by you? Describe:

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23. Do you assemble the product? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is the process? Describe:

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24. Do you maintain and/or service the products? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, provide details):

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25. Do you maintain quality control procedures? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, describe/attach details of these procedures):

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26. Do you maintain complete inventory records of shipments and/or delivery to consignees? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, are serial and/or batch numbers shown on the finished product and on shipment invoices?) Yes \_\_\_\_\_ No \_\_\_\_\_

27. Can the date of manufacture of each product be identified by the factory numbers stamped on it? Yes \_\_\_\_\_ No \_\_\_\_\_

28. Do you keep samples of products involved in your quality control procedures?  
Yes\_\_\_\_\_ No \_\_\_\_\_  
(If yes, how long?)\_\_\_\_\_

29. Do you have a formal "Products Recall Plan"? Yes\_\_\_\_\_ No \_\_\_\_\_

30. Is any component in your product(s) considered as a "hazardous substance"  
under any governmental regulations? Yes\_\_\_\_\_ No \_\_\_\_\_

If yes, provide discriptions and names of these substances by attachment.

31. What products have you ceased manufacturing during the past ten(10) years?  
Provide details or state none if none applies:

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32. If you are a distributor and do not actually manufacture the products you sell,  
then does your manufacturer(s) provide you with vendors liability coverage?  
Yes\_\_\_\_\_ No \_\_\_\_\_

C. PRIOR INSURANCE

33. Who was your insurer in the last 3 years? (If self-insured, so state)

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34. State limit of liability, SIR or deductible (specify which), retroactive date (if  
any), rate and premium:

Year carrier limit DED/SIR rate/premium

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35. If you have been self-insured or had an SIR, who adjusted the claims and  
established reserves?

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36. Has any carrier cancelled, restricted or refused to renew your products liability  
insurance in the past five years? (If yes, attach details)

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37. Are any of your products intended for use on or in connection with:

Aircraft or missiles? \_\_\_\_\_  
Watercraft? \_\_\_\_\_  
Offshore operations? \_\_\_\_\_

38. Do you require certificates of insurance from your suppliers? (If so, indicate minimum limit acceptable)  
\_\_\_\_\_  
\_\_\_\_\_
39. Do you provide insurance to your distributors? (If so, explain) \_\_\_\_\_  
\_\_\_\_\_
40. Are your products designed, tested, labeled and manufactured to meet or exceed all industry or government standards? \_\_\_\_\_

**D. PRODUCTS LIABILITY CLAIM HISTORY**

41. Please attach at least 5 years data on claims-both total losses from first dollar, including expenses and specific data on individual losses paid or reserved for \$10,000 or more (first dollar including expenses)

Attach a hard copy of losses from prior carriers.

**AGGREGATE LOSSES**

<u>Pol. Period</u>	<u>Carrier</u>	<u>No. of Claims</u>	<u>Amounts Paid</u>	<u>Reserved</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

42. Date losses valued \_\_\_\_\_ ( Loss amounts must be from first dollar and include expenses)
43. Individual Losses greater than \$10,000

List claims showing claimant, date of accident, date claim made, describe accident, injuries incurred, amounts paid and/or reserved (separately for idemnity and expense)

<u>Claimant</u>	<u>D/A</u>	<u>DCM</u>	<u>Accident Injury</u>	<u>Indemnity</u>	<u>Expense</u>	<u>O-Open D-Closed</u>

Indemnity and expense amounts must be first dollar.  
 Date losses valued \_\_\_\_\_

44. Has there been a significant change in your products or mix of products sold in the last 5 years? (If so, explain)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

45. Do you have a written procedure for the handling of complaints about your products and accidents/injuries involving your products?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

46. Is a written record of all such complaints, accidents, injuries maintained?

47. Who is the individual or the department responsible to maintain these records?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PLEASE CHECK TO ENSURE THAT ALL QUESTIONS HAVE BEEN ANSWERED  
 Attach copies of:

- Product brochures/catalogs
- Latest annual report
- Last annual audited financial statement
- 10K report (if applicable)
- A copy of your quality control program

Also attach explanation to questions which may be useful.

(Note--completion of this application creates no obligation upon the applicant to accept insurance or upon Lexington to offer insurance.)

By signing this application, I am attesting to the accuracy of the information provided

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Name of Broker \_\_\_\_\_

Please return this application to  
Frank Ammerman  
Apogee Insurance Group, LLC  
PO Box 61846, 900 West Valley Forge Rd, King of Prussia, PA  
877.337.3200 610.337.2337(fax)  
[fammerman@apogeeinsgroup.com](mailto:fammerman@apogeeinsgroup.com)