

Specialty Lines

UNDERWRITERS

1233 North Mayfair Road, Suite 208 • Milwaukee, WI 53226
Phone: 414-778-3560 • Fax: 414-778-3598

GENERAL CASUALTY CONSUMER PRODUCTS LIABILITY APPLICATION

Date of Application: _____

1. Applicant's Name: _____

2. Address: _____

3. Limit Desired: _____

4. Largest Deductible or Self-Insured Retention that can be carried: _____

5. Do you require: Vendors? Yes No

Contractual? Yes No

6. Business is: Individual Partnership Corporation Other (Describe): _____

7. How many years have you been in business under the present name? _____

8. Have any of the principals ever engaged in this or similar enterprises under a different name? Yes No
If "Yes," attach details.

9. Location(s) from which product(s) are manufactured or distributed by the applicant:

10. List Major Customers:

Customers

Percentage of Sales

a. _____
b. _____
c. _____
d. _____
e. _____

11. Completely describe products(s) to be insured and end use. Attach product brochures or catalogs, latest annual report, 10-K Report and other pertinent data. _____

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

(a) Aircraft or missiles? Yes No

(b) Watercraft? Yes No

(c) Offshore operations? Yes No

13. Show sales estimate for the next 12 months: _____ Payroll for the next 12 months: _____

14. Show sales for five (5) prior years:

| | <u>Year</u> | <u>Gross Sales</u> | <u>Principal Product Name</u> | <u># of Units</u> |
|----|-------------|--------------------|-------------------------------|-------------------|
| a. | | | | |
| b. | | | | |
| c. | | | | |
| d. | | | | |
| e. | | | | |

11. List prior products liability insurance carried for each of the past five years. IF NONE, STATE NONE.

| Year | Insurance Carrier | Limits of Liability | Deductible (if any) | Premium | Inception Mo/Day/Yr | Was this a Claims Made Policy Form? | |
|------|-------------------|---------------------|---------------------|---------|---------------------|-------------------------------------|-----------------------------|
| | | | | | | <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 |

15. If prior products liability insurance was on a claims made basis, advise the retroactive date of the coverage:

16. Is current carrier quoting renewal? Yes No
- a. Is coverage currently written by our office: Yes No
- b. Have you approached other wholesalers: Yes No

17. Of what materials or components are each product principally composed? _____

18. Do you compound ingredients & package? Yes No

19. Do you manufacture the complete product? Yes No
 If "No," what component parts are purchased? _____

20. Is any of your work sub-contracted to others? Yes No

21. Are any parts purchased from foreign manufacturers? Yes No
 If "Yes," describe: _____

22. Do you require certificates of insurance from your suppliers? Yes No
 If "Yes," indicate minimum limit acceptable: _____

23. Do you provide insurance to your distributors? Yes No
 If "Yes," explain: _____

24. Are your products designed, tested, labeled and manufactured to meet or exceed all industry or government standards? State which standards or approval agencies are used: _____

25. Do you assemble the product? Yes No

26. Do you maintain quality control procedures? Yes No
 If "Yes," attach outline of such procedures.

27. Do you maintain and/or service the products? Yes No
 If "Yes," attach full details including a copy of your standard written service contract and gross receipts from this source.

28. Do you maintain completed inventory records of shipments and/or deliveries to consignees? Yes No

29. Are serial and/or batch numbers shown on the finished products and on shipment invoices? Yes No

30. Can the date of manufacture of each product be identified by the factory number stamped on it? Yes No

31. Do you keep samples of the products involved in your quality control procedures? Yes No
 If "Yes," how long are samples retained? _____

32. Have you ever recalled any of your products for any reason? If "Yes," attach details. Yes No
33. Do you have a products recall plan? If "Yes," attach description. Yes No
34. Has your product ever been subject to any inquiry or investigation by any governmental agency concerning the efficiency, adequacy, labeling of hazardous contents or safety? Yes No
If "Yes," attach full details and results of such inquiry.
35. What percentage of sales is for replacement parts? _____
36. Have you ceased to manufacture any products during the past 5 years? Yes No
If "Yes," attach description and sales by year.
37. Does applicant retain the liability for any products or operations that they no longer control? Yes No
If "Yes," explain: _____

38. Have any products been acquired by merger or acquisition? Yes No
If "Yes," explain: _____
39. Do you plan to manufacture any new products to be marketed within the next 6 months? Yes No
If "Yes," attach description.
40. Is original installation of products performed by your employees? Yes No
If "No," does the installer supply parts not manufactured by you? Yes No
41. Are any of your products subject to deterioration: Yes No
If "Yes," describe and indicate period of time: _____

42. Are any of your products inflammable or explosive? If "Yes," attach details. Yes No
43. Do you issue guarantees or warranties to purchasers? Yes No
44. Do you have a written procedure for the handling of complaints about your products and accidents/injuries involving your products? Yes No
45. Is a written record of all such complaints, accidents, and injuries maintained? Yes No
Who is the individual or the department responsible for maintaining these records? _____

46. Do you agree to hold dealer, distributors or suppliers harmless against claims or suits for personal injury or property damage in connection with your products? Yes No
If "Yes," attach copies of your standard form.
47. Are any of the above dealers, etc... affiliated with you? Yes No
If "Yes," explain: _____
48. Are you a distributor? Yes No
If you are a distributor, does the manufacturer insure you? Yes No
49. Has there been a significant change in your products or mix of products sold in the last five years? If "Yes," explain: _____
50. List any acquisitions or divestitures during the past five years: _____

51. Has any Insurer ever canceled or refused to issue or renew your products liability insurance? Yes No
 If "Yes," attach details.

52. Include in detail at least five years' losses paid and reserved (whether insured or not). Aggregate losses are needed by line of business and by year including expenses. Please provide date, amount and full description of injuries/damage of all losses over \$10,000. Loss runs to be included with summary.

| Products Liability | Policy Year | Claims Paid | | Reserved | Date Last Valued |
|--------------------|-------------|-------------|--------|----------|------------------|
| | | Number | Amount | | |
| | | | | | |
| | | | | | |
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LOSSES OVER \$10,000:

| Date of Loss | Amount Paid | Amount Reserve | Cause of Accident and Damages |
|--------------|-------------|----------------|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

53. Are you aware of any incidents, not yet reserved, which could result in claims against you? Yes No
 If "Yes," attach details.

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

- a. Name: _____
- b. Title: _____
- c. Phone #: _____

55. Attach copies of:
- a. Product brochures/catalogs
 - b. Latest annual report
 - c. Last annual audited financial statement

Please check to ensure that all questions have been answered. Also attach explanations for the questions above that request further information. If any written brochures, labels, instructions or other written statements accompany any products, attach copies.

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

| | |
|----------------------------------|----------|
| Name of Applicant (Please print) | Date |
| Signature | Title |
| | Producer |