

PRODUCTS LIABILITY SUPPLEMENTAL APPLICATION

SUBMISSION REQUIREMENTS

- Complete signed/ dated Supplemental Application(s)
- Completed ACORD applications
- Currently-valued insurance company loss runs for the current policy period plus 4 years

ACCOUNT INFORMATION

Applicant Name:
Website: www.

There is an Additional Information section below for answers to questions that don't fit in the space provided.

SECTION I- GENERAL INFORMATION

1. Years in business under current name:
2. Provide other names which the Applicant has conducted business:
3. Type of business: Corporation Partnership Proprietorship Other:
4. Is the Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization? **If yes, please provide details.** Yes No

5. Has any insurer ever canceled, restricted, or refused to renew the Applicant's liability insurance? Yes No

SECTION II- PRODUCT INFORMATION

1. Provide the following information for those products and/or services the Applicant wants coverage for.

Note that only those products and services listed below will be considered for coverage.

Products and Services (or specific categories)	Applicant acts as a/an:					Years Sold	Domestic Gross Sales	Foreign Gross Sales	Total # of Units	Products Sold to:				
	M	W	R	I	MR					W	R	MR	C	O
							\$	\$						
							\$	\$						
							\$	\$						
							\$	\$						

**M-Manufacturer W-Wholesalers R-Retailer I-Importer MR-Manufacturers Rep
C-Consumer Direct O-Other (describe):**

2. Are all products listed in question 1. above sold under the Applicant's label? Yes No
If not, please describe:
3. Are any of the Applicant's products listed above explosive, flammable or poisonous, either by itself or in combination with other materials? Yes No
4. Any products acquired via acquisition or merger? Yes No
5. Could any of the Applicant's products or services be used on or in connection with:
 - a. Pharmaceuticals / Cosmetics / Vitamins / Herbs Yes No
 - b. Aircraft / Missile / Aerospace Yes No
 - c. Watercraft or Offshore Yes No
 - d. Transportation / Transit Yes No
 - e. Life support services Yes No
 - f. Chemicals Yes No

***If applicable to any of above, please attach Material Safety Data Sheet.**

6. Are any parts purchased from foreign manufacturers? Yes No
7. Has the Applicant discontinued or is the Applicant considering discontinuing any product to be covered by this insurance? **If yes, please provide details:** Yes No
8. Has the Applicant ever manufactured or distributed asbestos or lead-containing products? Yes No
9. Will any new products be introduced in the next 12 months? **If yes, please provide details:** Yes No

10. Provide a listing of the Applicant's largest clients and the industries served:

SECTION III - OPERATIONS

1. Total annual gross sales from all products and services listed in Section II:

	SALES		
	United States/Canada	Foreign	Total
Upcoming year (estimate)	\$	\$	\$
Current / Expiring year	\$	\$	\$
1 st Prior Year	\$	\$	\$
2 nd Prior Year	\$	\$	\$
3 rd Prior Year	\$	\$	\$
4 th Prior Year	\$	\$	\$

If any foreign sales, list countries where your products is sold:

- | | | |
|---|-----|----|
| 2. Does the Applicant compound ingredients? | Yes | No |
| 3. Does the Applicant assemble the product? | Yes | No |
| 4. Does the Applicant package the product? | Yes | No |
| 5. Does the Applicant distribute products manufactured by others? | Yes | No |
| If yes, | | |
| a. Does the Applicant directly import any products? | Yes | No |
| If yes, describe products and provide corresponding sales and countries of origin: | | |
| | | |
| b. Does the Applicant obtain Certificates of Insurance from each of your manufacturers / suppliers? | Yes | No |
| c. Is the Applicant included as Additional Insured-Vendor under each manufacturer's / supplier's Product Liability insurance? | Yes | No |
| 6. If the Applicant is a distributor, does the Applicant's name appear on the product or packaging? | Yes | No |
| 7. Is any of the Applicant's work sub-contracted to others? | Yes | No |
| If yes, | | |
| a. Please state type and percentage: | | |
| b. Does the Applicant have a formal written agreement with the Applicant's sub-manufacturers? | Yes | No |
| If yes, attach those sections of the agreement(s) pertaining to Product Liability and Product Liability insurance. | | |
| c. Is there a quality control program for all sub-contractors? | Yes | No |

SECTION IV – LOSS PREVENTION, DESIGNS AND QUALITY CONTROLS

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|---|-----|----|
| 1. Have the Applicant's products ever been subject to inquiry or investigation in relation to product safety by any governmental agency? If yes, provide details. | Yes | No |
| 2. Does the Applicant have a written product recall plan? If yes, attach details. | Yes | No |
| 3. Has the Applicant ever recalled products because of a potential product safety hazard? If yes, attach details. | Yes | No |
| 4. Does the Applicant carry out its own design work? | Yes | No |
| If not, who designs the Applicant's product: | | |
| 5. Does the Applicant maintain records of design changes and reasons justifying these changes? | Yes | No |
| 6. Are the Applicant's designs subject to independent external review, testing, or certification? | Yes | No |
| 7. Are the Applicant's products designed, tested, labeled and manufactured: | | |
| a. to meet or exceed all government and industry standards? | Yes | No |
| b. for optimum safety in spite of misuse or abuse? | Yes | No |
| 8. Does the Applicant maintain formal written quality control and testing procedures? | Yes | No |
| 9. Can the Applicant identify its product(s) from those of competitors? | Yes | No |
| 10. Does the Applicant maintain completed inventory records of shipments and/or deliveries to consignees? | Yes | No |
| 11. Are serial and / or batch numbers shown on the finished products and on shipment invoices? | Yes | No |
| 12. Can the date of manufacture of each product be identified by the factory number stamped on it? | Yes | No |
| 13. Are all instructions, operating materials, advertisements and warranties periodically reviewed by legal counsel to avoid misunderstanding relative to product safety, intended use, product performance, quality, fitness, or durability? | Yes | No |
| 14. Does the Applicant have a written procedure for obtaining information about product complaints, accidents, and injuries involving the Applicant's products? | Yes | No |
| 15. Does the Applicant provide any training or instruction? | Yes | No |

SECTION V – CLAIMS INFORMATION

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| 1. Have there been any losses, claims, or suits against the Applicant or the it's sub-contractors in the past five years? If yes, please explain: | Yes | No |
| 2. Is the Applicant aware of any circumstance, incident, or accusation which may give rise to a claim? | Yes | No |
| 3. Has any insurer ever canceled, restricted or refused to renew your Products Liability insurance? If yes, please provide details: | Yes | No |
| 4. Has the Applicant ever been involved or named in any class action, multi-claimant, or multi-district litigation or lawsuit? If yes, please provide details by attaching a description to this application. | Yes | No |

ADDITIONAL INFORMATION

This section may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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 FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY 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.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: 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 OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: 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.

APPLICABLE IN NEW YORK: 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 SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Name (Please Print/Type)

Title

(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

Signature

Date

Produced By: (Section to be completed by Producer/Broker)

Producer

Agency

Address (Street, City, State, Zip)

Resident or Non-Resident Surplus Lines Licensee Information for Applicant's State of Domicile

SL License State

SL License No.

Agency Taxpayer ID or SS Number

NOTICE

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINE" INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: www.insurance.ca.gov.
5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.
6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER'S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

Insured: _____

Date: