



PRODUCTS LIABILITY SUPPLEMENTAL APPLICATION

Must be completed in conjunction with the ACORD application

NAMED INSURED:

MAILING ADDRESS:

LOCATION ADDRESS:

INSURED CONTACT:

PHONE:

LEGAL TYPE ENTITY: Individual Corporation Partnership Joint Venture Other

WEBSITE (if applicable):

EXPIRING CARRIER:

EXPIRING PREMIUM:

PROPOSED POLICY PERIOD:

DESCRIPTION OF OPERATIONS:

SPECIFIED PRODUCTS (only those products specified below will be considered for coverage):

PRODUCT	APPLICANT ACTS AS: *	# YEARS ON MARKET	% GROSS SALES	DOES APPLICANT INSTALL/REPAIR/SERVICE?	PRODUCTS SOLD TO: **

*mfr (m), wholesaler (w), retailer (r), importer (i), manufacturers' rep (mr), consumer (c)

** Wholesaler (w), retailer (r), consumer (c)

PRODUCTS INFO:

1. Number of years under present name:
2. Website address:
3. Do you sell online? Yes No If yes, please advise %:
4. Have you discontinued any product(s)? Yes No If yes, please explain:
5. Do you have any new products planned for sale during the next 12 months? Yes No
If yes, please describe:
6. If you import any products or product components, please advise from which country(ies):
7. Do you export any products? Yes No If yes, to which country(ies):
8. What is the intended end-use of the product(s)?
If any products are used as component parts of other products, please explain:

9. Are any of your products manufactured to customer specifications? Yes No
If yes, please describe and advise % of sales:
10. Could any of your products be used in connection with aviation, pharmaceutical/vitamin, oil & gas, chemical or mining industries? Yes No
If yes, please explain:
11. Are any of your products sold under another's name or label? Yes No
If yes, please explain:
12. Do you have any new products due to acquisition or merger? Yes No
If yes, please advise which product(s) and if liability for past sales was assumed:
13. Do you wish to include your customers as Additional Insured Vendors? Yes No
If yes, please advise vendor(s) to be included, and for which product(s):

SALES INFO:

	DOMESTIC SALES	FOREIGN SALES	TOTAL SALES
UPCOMING YEAR			
CURRENT YEAR			
1ST PRIOR YEAR			
2ND PRIOR YEAR			
3RD PRIOR YEAR			
4TH PRIOR YEAR			

LOSS PREVENTION:

1. Do you have a specific program to withdraw known or suspected defective products from the market? Yes No
2. Have you ever recalled any products because of a potential safety hazard? Yes No
Please explain:
3. If you are a distributor without actually manufacturing the products you sell, do you secure vendors liability coverage from the mfr(s)? Yes No
4. If you are a manufacturer, do you hold your suppliers harmless? Yes No
5. Do you perform all of your own design work? Yes No
If no, who performs the design work?
6. Are your products designed, tested, labeled and manufactured to meet or exceed all government or industry standards? Yes No if yes, which standards apply?
7. Do you maintain records of (a) time & place of where product was manufactured, (b) to whom your product was sold and the date of sale and (c) who supplied the parts and/or supplies going into the product(s)? Yes No If not, please explain:
8. Can you identify your products from those of competitors? Yes No

INSTRUCTIONS/WARNINGS:

1. Do you provide written warning labels and instructions if warranted? Yes No

2. Do you provide any actual training for the end-user in the proper use of the product(s)?
Yes No
3. Do you have the warnings, labels, instructions, etc reviewed by legal counsel? Yes No

QUALITY CONTROL AND TESTING:

1. Do you have written testing procedures that are followed? Yes No
2. What % of your products are tested prior to sale?
3. Who performs the testing? You 3rd party
4. How long are quality control and testing records kept?
5. Do you have a written procedure for obtaining information about product complaints and accidents involving injury and/or damage? Yes No

LOSS HISTORY:

1. 5 years carrier, currently valued loss runs are required (if not available, please explain).
2. Are you aware of any other incidents, conditions, circumstances, defects or suspected defects which may result in claims against you? Yes No
If yes, please explain:

I certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____
 Producer Signature: _____ Date: _____

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 the third degree.

NOTICE TO KANSAS APPLICANTS: 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 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.