

Products Liability Application

Applicant's Instructions:

1. Answer all questions. If the answer to any question is NONE, please state NONE. Do not use N/A or Not Applicable.
2. Please read carefully the statement at the end of this application and provide copies of all information requested.

Applicant Information:

Proposed Effective Date of Insurance: _____

- A. Full Name of the applicant and all subsidiary companies.

- B. Address of home office or principal location:

- C. List of additional locations:

- D. Website: www. _____

If you do not have a website that describes your product, please attach a copy of any brochures representing all products.

- E. Please select one:

- a. Corporation _____
- b. Partnership _____
- c. Proprietorship _____
- d. Other (specify) _____

- F. How many years has the applicant been in business under the current name? _____

- G. Prior to the existence of this operation, have any of the principals, partners or owners ever been engaged in this or similar enterprises under a different name?

Yes _____ No _____ (if yes, list details in the space at the end of the application)

- H. Please provide the name and telephone number of the person we may contact in order to arrange for an inspection of your operation:

- i. Name _____
- ii. Title _____
- iii. Phone # _____

Coverage Specifications:

	<u>Requested</u>	<u>Current</u>
Limits of insurance:	\$ _____ Each Occurrence	\$ _____ Each Occurrence
	\$ _____ Aggregate	\$ _____ Aggregate
Deductible/SIR:	\$ _____	

Retroactive Date (if applicable): _____

Present Insurer: _____ and expiring premium: _____

Has any insurer ever cancelled, restricted or refused to renew your products liability insurance?

Yes _____ No _____ If yes, please list details in the space at the end of this application.

Description of Products & Services:

Please provide a complete description of your products and services. Include the number of years involved with each product:

A. Does the applicant act as a/an:
____ Manufacturer ____ Wholesaler ____ Retailer ____ Importer ____ Exporter ____ Other: _____

B. Products acquired via acquisition or merger: _____
Did you assume past liability for these products? **Y or N**

C. Do you retain liability for products, subsidiaries or divisions you sold? **Y or N**
If yes, please explain in the section at the end of this application.

D. Any discontinued products or services? If yes, list details in the space at the end of this application. **Y or N**

E. Any new products planned? If yes, list details in the space at the end of this application. **Y or N**

F. Any installation of the completed product? **Y or N**

G. Is a subcontractor utilized for installation? **Y or N**

H. Could any of your products or services be used on or in connection with:
Pharmaceuticals, vitamins or weight loss products? **Y or N**

Aircraft, missile or aerospace? **Y or N**

I. Are any of your products sold under another company's name or label? **Y or N**

J. Do you assemble your products? **Y or N**

K. Do your suppliers hold you harmless or insure you? **Y or N**

PLEASE CHECK THE PREVIOUS PAGES TO ENSURE THAT ALL QUESTIONS HAVE BEEN ANSWERED.

Attach copies of:

- Latest annual report.
- 10K Report (if publicly traded).
- Current audited financial statement (or pro forma)

Note- completion of this application creates no obligation upon the applicant to accept insurance or upon Valiant Insurance Company to offer insurance.

By signing this application, I am attesting to the accuracy of the information provided. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the coverage, if under binder or policy is subject to immediate cancellation.

Signature of Applicant: _____ Date: _____

Print name and title _____

Name of Broker _____