

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.

Applica	ant Information: Proposed Effective Date of Insurance:
A.	Full Name of the applicant and all subsidiary companies.
В.	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)
	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?
,	YesNo (if yes, list details in the space at the end of the application)
н.	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:

		Requested	Current			
Limits of insurance:		\$Each Occurrence	\$Each Occur	rence		
		\$Aggregate	\$Aggregate			
Deducti	ble/SIR:	\$				
Retroac	tive Date (if applicable):		_			
Present	Insurer:	and expiring premium:			-	
Has any	insurer ever cancelled, re	estricted or refused to renew your p	roducts liability insurance?			
Yes	No If yes, pl	ease list details in the space at the ϵ	end of this application.			
Descrin	tion of Products & Service	26.				
·	·	otion of your products and services.		rs invol	lved with	each product:
A.	Does the applicant act as	s a/an:				
	ManufacturerWh	nolesaler Retailer Importer	Other:			
В.	Products acquired via ac	equisition or merger:				
	Did you assume past liab			Y or	N	
C.	•	r products, subsidiaries or divisions	you sold?	Y or	N	
	•	he section at the end of this applica				
D.		cts or services? If yes, list details in				
	end of this application.			Y or	N	
E.	, ,	ed? If yes, list details in the space a	t the end of			
	this application.			Y or	N	
F.	Any installation of the co	ompleted product?		Y or	N	
G.	Is a subcontractor utilize	ed for installation?		Y or	N	
Н.	Could any of your produ	cts or services be used on or in conr	nection with:			
	Pharmaceuticals, vitami	ns or weight loss products?		Υo	r N	
	Aircraft, missile or aeros	pace?		Y or	N	
I.		s sold under another company's na	me or label?	Υo	r N	
J.	Do you assemble your p			Y or	r N	
K.		ou harmless or insure you?		Υc	or N	

L.	Sales History	<u>Sales</u>	<u>Units Sold</u>	Principal Product	% of Total Sales
ı	Estimated (next 12 mor	nths) \$		8	
ı	Past 12 months	\$			
:	1 st Previous Year	\$			
2	2 nd Previous Year	\$			
:	3 rd Previous Year	\$			
		A :			
	4 th Previous Year <u>ontrol</u>	\$			
		\$	 8		
ılity C	<u>ontrol</u>				Y or N
	ontrol Do you have a quality	control and testing pro	cedure?		Y or N Y or N
i <mark>lity C</mark> A.	ontrol Do you have a quality Can you identify your Have your products e	/ control and testing pro product from those of c ver been subject to inqu	cedure? ompetitors? iry or investigation		
ality C A. B.	ontrol Do you have a quality Can you identify your Have your products e Product safety by any	/ control and testing pro product from those of c ver been subject to inqu government agency? If	cedure? ompetitors? iry or investigation		
ality C A. B.	ontrol Do you have a quality Can you identify your Have your products e Product safety by any Do you do your own	y control and testing pro product from those of c ver been subject to inqu government agency? If design work?	cedure? ompetitors? iry or investigation yes, please attach	details.	Y or N
A. B. C.	ontrol Do you have a quality Can you identify your Have your products e Product safety by any Do you do your own Are your products des	y control and testing pro product from those of c ver been subject to inqu government agency? If design work? signed, tested, labeled a	cedure? ompetitors? iry or investigation yes, please attach nd manufactured to	details.	Y or N Y or N Y or N
A. B. C. D.	ontrol Do you have a quality Can you identify your Have your products e Product safety by any Do you do your own Are your products des Exceed all governmen	y control and testing pro product from those of c ver been subject to inqu government agency? If design work? signed, tested, labeled a it and industry standard	cedure? ompetitors? iry or investigation yes, please attach and manufactured to	details. o meet or	Y or N Y or N Y or N Y or N
A. B. C.	ontrol Do you have a quality Can you identify your Have your products e Product safety by any Do you do your own Are your products des Exceed all governmen	y control and testing pro product from those of c ver been subject to inqu government agency? If design work? signed, tested, labeled a ot and industry standards ject to independent exte	cedure? ompetitors? iry or investigation yes, please attach nd manufactured to s? rnal review, testing	details. o meet or g or certification?	Y or N
A. B. C. D.	ontrol Do you have a quality Can you identify your Have your products e Product safety by any Do you do your own Are your products des Exceed all governmen Are your designs sub Do you have a writter	y control and testing pro product from those of c ver been subject to inqu government agency? If design work? signed, tested, labeled a it and industry standard	cedure? ompetitors? iry or investigation yes, please attach nd manufactured to s? rnal review, testing yes, please attach a	details. o meet or g or certification? a copy.	Y or N Y or N Y or N Y or N

Claims Information:

Please list claims information representing the last 5 years. Please attach recently valued (dated within 45 days of the date this application is completed) hard copy loss runs. Please include insurance carrier loss runs and if applicable, loss runs from any third party administrator hired by the insured to handle claims within a self insured retention.

Insurance Carrier	Policy Term	# of Claims	Total Incurred	<u>Deductible or SIR amount</u>
	D=	·		
		-		
-	, 			
*	0	-	e	
	3	-	3 	3
	-			2

Please list individual	losses excess of \$10,000, net of an	y deductible or SIR including all	expenses:	
Date of Claim	Description of Claim	Total Incurred	Open or Clo	<u>sed</u>
				i)
				92
			-	R
If there is not enough	n space to include information on a	Il claims excess of \$10,000, ple	ase attach a separate sh	neet.
injuries or pr in the space B. If you have b	are of any other incidents, condition roperty damage which may result in at the end of this application.	n claims against you? if yes, p	lease provide details e claims and	Y or N
C. Have you ev	reserves?er been involved or named in any elawsuit? if yes, please provide det	class action, multi-claimant or r	nulti-district	Y or N
	t required additional details be pro ple. If necessary, please attach a se		estion # below and prov	ride as much

PLEASE CHECK THE PREVIOUS PAGES TO ENSURE THAT ALL QU	ESTIONS HAVE BEEN ANSWERED.
Attach copies of:	
o Latest annual report.	
 10K Report (if publicly traded). 	
 Current audited financial statement (or pro forma) 	
Note- completion of this application creates no obligation upo Insurance Company to offer insurance.	n the applicant to accept insurance or upon Valiant
By signing this application, I am attesting to the accuracy of the the applicant in this application is found to be false or mislead insurance coverage applied for, it is agreed between the Compor policy is subject to immediate cancellation.	ing and would alter the Company's decision to provide the
Signature of Applicant:	Date:
Print name and title	

Name of Broker_____