



**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:

<u>Customers</u>	<u>Percentage of Sales</u>
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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Watercraft?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Offshore operations?  | <input type="checkbox"/> Yes <input type="checkbox"/> 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:  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_

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		

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