Product Liability Application

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Applicant Name: Mailing Address:	Address:		
	Proposed Effective Date:		
Website:	From: To:		
Applicant is: Individual Corporation Partnership	□ Joint Venture □ LLC □ Other (Specify)		
Business of Applicant is: Manufacturer Distributor Direct	Importer 🗌 Broker 🗌 Other (Describe):		
Contact name, title and phone number for inspection and audit	:		
1. Years in business:			
2. Description of operations:			
3. Description of all discontinued products and historical sales for			
4. Description of all acquisitions completed in the last five years	:		
5. Annual sales:			
Sales - Unit	ed States Sales - Foreign Sale	es Total	
Upcoming Year (Estimate) to			
Current Year to			
First Prior Year to			
Second Prior Year to Fourh Prior Year			
 6. If you distribute products manufactured by others: a. Do you directly import any products? Yes No If yercentage of total sales and countries of origin. b. Do you obtain Certificates of Product Liability Insurance from If yes, minimum limits of insurance required: c. Are you included as an Additional Insured - Vendor under enderer of Yes No 7. If you contact the manufacturing of your product to others, discussed of Yes No If yes No If yes, please attach those sections of the sections of	m each of your manufacturers/suppliers? Ach manufacturer's/supplier's Product Liability insu o you have a formal written agreement with your s the agreement(s) pertaining to Product Liability insu encing Product Liability insurance? Yes	Yes 🗆 No urance? sub-manufacturers? surance.	

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USE Services, Inc.
9. Do you or others on your behalf install, service, repair or maintain your products? If yes, attach full details including a copy of your standard written contract and estimate the percentage of sales generated by these operations:
10. Do you maintain formal written quality control and testing procedures? Yes No
11. How long are quality control and testing records kept? 12. Can you identify your product from those of competitors? Yes No
13. Do you maintain records of the following:
a. When and where your product was manufactured? Yes No
b. To whom your product was sold and the date of sale? \Box Yes \Box No
c. Who supplied thep arts and/or supplies going into the product? $\ \square$ Yes $\ \square$ No
d. Changes in design? 🗌 Yes 🔲 No
e. Changes in advertising material? \Box Yes \Box No
If yes, how long do you maintain the records?
14. Who designs your products?
15. Are designs reviewed, tested and verified by others? 🗌 Yes 🛛 No 🛛 If yes, by whom?
Please list their credentials:
16. Are all warning labels and instruction for use reviewed by outside counsel? Yes No
17. Are your products subject to any government or industry standards? 🗌 Yes 🗌 No
If yes, are your products in full compliance? \Box Yes \Box No
Describe the standards and the documentation:
18. Have you attained ISO 9000, QS 9000 or similar Certification?
19. Do you offer training or instruction in the use of your products? Yes No
If yes, do you certify the trainees? Yes No
20. Do you have a formal written products recall procedure? Yes No If yes, attach a copy.
21. Have you voluntarily or involuntarily recalled, or are you considering recalling, any known or suspected defective products
from the market? 🛛 Yes 🖓 No 👘 If yes, please describe:

22. Five year carrier and loss history:

Policy Period	Carrier	SIR/Ded	Claims Valuation Date	# Claims	Reserved	Paid	Total Incurred

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		Insurance Services, Inc.

- 23. Are you aware of any incident, condition, circumstance, defect or suspsected defect in any product or work, which may result in a claim or claims against you that are not listed above? Yes No If yes, please attach an explanation.
- 24. Are you aware of any complaint or notice filed in the last three years with any governmental agency or inudstry regulatory body including but not limited to the U.S. Consumer Product Safety Commission concerning your product? If yes, please attach an explanation.
- 25. Are you aware of any study, analysis or trial conducted or being conducted by or on behalf of any governmental agency or industry regulatory body to examine the safety of your product? \Box Yes \Box No If yes, please attach an explanation.

26. Current Carrier:	Limits:	Deductible/SIR:	Rate:	Premium:
Coverage Form:	Occurrence:	Claims-Made Retro	Date:	
Is current carrier offering renev	val? 🗌 Yes 🗌 No			

27. Desired Limits: _____ Deductible/SIR: _____

WARRANTY: It is warranted to Admiral Insurance Company that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein should the Company evidence its acceptance of the application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to Admiral Insurance Company.

Applicant's Signature

Title

Date

Applicant's Printed Name