



**PRODUCT LIABILITY APPLICATION:  
MACHINERY & EQUIPMENT**  
(Also attach ACORD Application)

Ed. 10-10

Applicant Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Web Site: \_\_\_\_\_  
 (If none, attach brochures or advertising material depicting all products)

Agent's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Proposed Effective Date:  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
 12:01 A.M, Standard Time at the address of the Applicant

Applicant is:  Individual  Corporation  Partnership  Joint Venture  LLC  Other (Specify)

Business of Applicant is:  Manufacturer  Distributor  Direct Importer  Broker  
 Other (Describe) \_\_\_\_\_

1. Years in Business under current and prior names: \_\_\_\_\_

2. Description of Operations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Description of all discontinued products and historical sales for each: \_\_\_\_\_  
 \_\_\_\_\_

4. Description of all acquisitions of companies and operations in the last 5 years, including whether or not you assumed liabilities of these companies or operations:  
 \_\_\_\_\_

5. Annual Sales:  
 Upcoming year estimate: \$ \_\_\_\_\_  
 Current Year \$ \_\_\_\_\_  
 First Prior Year \$ \_\_\_\_\_  
 Second Prior Year \$ \_\_\_\_\_  
 Third Prior Year \$ \_\_\_\_\_  
 Fourth Prior Year \$ \_\_\_\_\_

6. Percentage of your sales:  
 a. You manufacture or assemble: \_\_\_\_\_ %  
 b. You import directly from other countries, including what you contract out to be manufactured: \_\_\_\_\_ %  
 c. New finished product you obtain from other companies located in the United States: \_\_\_\_\_ %  
 d. Used equipment, machinery or supplies: \_\_\_\_\_ %  
 e. Installation, repair or servicing you provide or arrange for others to provide: \_\_\_\_\_ %  
 f. Rental (without operator): \_\_\_\_\_ %  
 g. All other Sales (please describe \_\_\_\_\_): \_\_\_\_\_ %  
 = 100%

7. If you distribute products manufactured by others:
- a. Percentage of your sales that come from suppliers who provide you with a certificate of insurance: \_\_\_\_\_ %;
  - b. Percentage who also provide you with additional insured coverage in their insurance policy: \_\_\_\_\_ %
  - c. Percentage of your sales that involve product designed by you but manufactured by others: \_\_\_\_\_ %
8. Percentage of your products you sell to:
- a. Manufacturers in which your product is a part or component: \_\_\_\_\_ %
  - b. Wholesalers: \_\_\_\_\_ %
  - c. Retailers: \_\_\_\_\_ %
  - d. Consumers: \_\_\_\_\_ %
  - e. Others (please describe \_\_\_\_\_): \_\_\_\_\_ %
- = 100%
9. Percentage of your sales to customers located in:
- a. United States \_\_\_\_\_ %
  - b. Canada \_\_\_\_\_ %
  - c. U.K., Ireland and Australia: \_\_\_\_\_ %
  - d. All other countries \_\_\_\_\_ %
- =100%
10. If you import directly from other countries, list the countries of origin: \_\_\_\_\_
11. Percentage of products you manufacture, assemble or import that are made to the specifications and designs of your customers: \_\_\_\_\_ %
12. If you install or hire others to install for you:
- a. Percentage that go into or on residential and habitational properties: \_\_\_\_\_ %
  - b. Costs you incur for subcontracting out the installation to others: \$ \_\_\_\_\_
  - c. Do you require all contractors to:
    - i. Sign a written contract in which the contractors agree to hold you harmless?  Yes  No
    - ii. Provide you with certificates of insurance for limits at least equal to the limits you are seeking from us?  Yes  No
    - iii. Add you as an additional insured on their insurance policy?  Yes  No
13. If you rent equipment to others:
- a. Do you ever provide operators with the equipment you rent?  Yes  No
  - b. Do you require a rental agreement to be signed? (attach a copy)  Yes  No
  - c. Does the rental agreement include a hold harmless provision in your favor?  Yes  No
  - d. Does the rental agreement include an insurance provision in which you are required to be an additional insured?  Yes  No
14. Quality Assurance Procedures (QA):
- a. Do you maintain formal written quality control and testing procedures?  Yes  No
  - b. Is there a full time employee in charge of the QA Program?  Yes  No
  - c. Are designs reviewed, tested and verified by others?  Yes  No
  - d. Are advertising materials, instructions and warnings reviewed by outside counsel?  Yes  No
  - e. Testing:
    - i. Do you have pre-production testing of raw materials?  Yes  No
    - ii. Percentage of finished product you sell that is tested by you, regardless of who makes the product: \_\_\_\_\_ %
    - iii. Percentage of finished product you sell that is tested by an independent testing facility, regardless of who makes the product: \_\_\_\_\_ %
  - f. Record Maintenance:
    - i. Do you maintain records of when and where your product was manufactured?  Yes  No
    - ii. Do your records show to whom your product was sold and the date of sale?  Yes  No
    - iii. Can you identify the names of the persons and organizations that supplied you with the parts and materials that went into the product?  Yes  No
    - iv. Do you keep records of changes in design and advertising materials?  Yes  No
    - v. Do your records show a specific identification number for each product sold?  Yes  No
    - vi. How long do you keep records of tests, sales, advertising materials and instructions? \_\_\_\_\_



25. Are you aware of any incident, condition, circumstance, defect or suspected 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.

26. Are you aware of any complaint or notice filed in the last three years with any governmental agency or industry regulatory body concerning your product?  Yes  No  
If yes, please attach an explanation.

27. 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?  Yes  No  
If yes, please attach an explanation.

28. Current Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_ Deductible/SIR: \_\_\_\_\_  
Premium: \_\_\_\_\_ Rate: \_\_\_\_\_ Coverage Form:  Occurrence  Claims-Made Retro Date: \_\_\_\_\_  
Is current carrier offering renewal?  Yes  No

29. Desired Limits: \_\_\_\_\_ Deductible/SIR: \_\_\_\_\_

30. Is there anything else you would like us to know about you?

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I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application. 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Signature: \_\_\_\_\_ Current Date: \_\_\_\_\_

Typed Name: \_\_\_\_\_ Title: \_\_\_\_\_