

PRODUCT LIABILITY APPLICATION

Applicant's Name: _____

Address 1: _____

Address 2: _____

City/State/Zip: _____

Web Site: _____

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

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 each: _____

4. Description of all acquisitions completed in the last five years: _____

5. Annual sales:

	<u>Sales – United States</u>	<u>Sales - Foreign*</u>	<u>Sales – Total</u>
Upcoming Year (Estimate) ___ to ___	_____	_____	_____
Current Year ___ to ___	_____	_____	_____
First Prior Year ___ to ___	_____	_____	_____
Second Prior Year ___ to ___	_____	_____	_____
Third Prior Year ___ to ___	_____	_____	_____
Fourth Prior Year ___ to ___	_____	_____	_____

*If any foreign sales, list countries where your product is sold: _____

6. If you distribute products manufactured by others:

a. Do you directly import any products? Yes No

If yes, please describe products and provide corresponding sales and countries of origin.

b. Do you obtain Certificates of Product Liability Insurance from each of your manufacturers/suppliers?

Yes No

If yes, minimum limits of insurance required: _____

c. Are you included as an Additional Insured-Vendor under each manufacturer's/supplier's Product Liability insurance? Yes No

7. If you contract the manufacturing of your product to others, do you have a formal written agreement with your sub-manufacturers?

Yes No If yes, please attach those sections of the agreement(s) pertaining to Product Liability and Product Liability insurance.

8. Do you obtain Certificates of Insurance from all suppliers evidencing Product Liability insurance?

Yes No If yes, minimum limits of insurance required: _____

9. Do you or others on your behalf install, service, repair or maintain your products? Yes No

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? Yes No
- c) Who supplied the parts and/or supplies going into the product? Yes No
- d) Changes in design? Yes No
- e) Changes in advertising material? Yes 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 instructions 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? Yes No

Describe the standards and the documentation: _____

20. Have you attained ISO 9002, QS 9000 or similar Certification? Yes No

21. Do you offer training or instruction in the use of your products? Yes No

If yes, do you certify the trainees? Yes No

22. Do you have a formal written products recall procedure? Yes No If yes, attach a copy.

23. 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. _____

24. Five year carrier and loss history:

Policy Period	Carrier	Retention	Claims Valuation Date	# Claims	Reserved	Paid	Total Incurred

(# 24 continued on next page)

24. Continuation of carrier and loss history

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 including but not limited to the U.S. Consumer Product Safety Commission concerning your product? Yes No If yes, please attach an explanation.

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

28. Desired Limits: _____ Deductible/SIR: _____

WARRANTY: It is warranted to Nautilus 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 Nautilus Insurance Company.

 Applicant's signature

 Title

 Date