

PREPARATION INSTRUCTIONS	
1)	ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTIONS IS NONE, PLEASE STATE NONE.
2)	APPLICATION MUST BE SIGNED AND DATED BY OWNER, PARTNER OR OFFICER.
3)	BROCHURES, COPIES OF GUARANTEES, WARRANTIES AND HOLD HARMLESS AGREEMENTS FURNISHED BY THE NAMED INSUREDS SHOULD ACCOMPANY THE APPLICATION.
4)	THE LATEST 10K AND 10Q OR IF A PRIVATELY HELD BUSINESS, LATEST AUDITED FINANCIAL STATEMENT AND LATEST QUARTER INCOME REPORT SHOULD BE FURNISHED.

**1. APPLICANT INFORMATION**

A) NAME (FIRST NAMED INSURED AND OTHER NAMED INSUREDS)

\_\_\_\_\_

B) LIST ALL APPLICANTS' WEB SITES:

\_\_\_\_\_

**2. DESCRIPTION OF OPERATIONS**

\_\_\_\_\_

\_\_\_\_\_

**3. SPECIFIED PRODUCTS AND COMPLETED OPERATIONS**

A) ONLY THOSE PRODUCTS AND SERVICES SPECIFIED BELOW WILL BE CONSIDERED FOR COVERAGE. REFER TO KEY BELOW

PRODUCTS (SPECIFIC CATEGORY)	APPLICANT ACTS AS A/AN:					NO. OF YEARS	% GROSS SALES	DOES APPLICANT		PRODUCTS SOLD TO				
	M	W	R	I	MR			INSTALL	REPAIR/ SERVICE	W	R	MC	C	O

M = MANUFACTURER      R = RETAILER      MR = MANUFACTURER'S REP      OTHER (SPECIFY)  
 W = WHOLESALER      I = IMPORTER      C = CONSUMER-DIRECT

B) HAVE YOU DISCONTINUED OR ARE YOU CONSIDERING DISCONTINUING ANY PRODUCT TO BE COVERED BY THIS INSURANCE?      YES      NO  
     

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

C) ARE ANY NEW PRODUCTS PLANNED FOR SALE DURING THE NEXT 12 MONTHS?              
 D) DO YOU IMPORT COMPONENT PARTS?              
 E) DO YOU EXPORT PRODUCTS OR HAVE FOREIGN OPERATIONS?              
 F) DO YOU KNOW IF ANY OF YOUR PRODUCTS OR SERVICES ARE USED IN CONNECTION WITH AIRCRAFT/MISSILES/AEROSPACE?              
 G) ARE ANY OF YOUR PRODUCTS OR SERVICES SUBJECT TO REGISTRATION/REGULATION/REVIEW BY ANY GOVERNMENTAL AGENCY?           

PLEASE EXPLAIN ANY "YES" ANSWERS: \_\_\_\_\_

H) IF YOU MANUFACTURE OR DISTRIBUTE COMPONENT PARTS, IN WHAT TYPES OF PRODUCTS ARE THEY TYPICALLY USED?

I) WHAT % OF YOUR PRODUCTS IS MADE ENTIRELY TO CUSTOMER SPECIFICATIONS? \_\_\_\_\_ % OF SALES

**4. SALES HISTORY**

A) TOTAL SALES OR RECEIPTS FOR ALL PRODUCTS AND SERVICES EXPECTED IN THE NEXT 12 MONTHS? \$ \_\_\_\_\_  
 PAST 12 MONTHS \$ \_\_\_\_\_ 1ST PRIOR YEAR \$ \_\_\_\_\_ 2ND PRIOR YEAR \$ \_\_\_\_\_  
 DESCRIBE ANY SIGNIFICANT CHANGE IN PRODUCT SALES MIX BETWEEN ANY PRIOR YEAR AND NEXT YEAR'S PROJECTION:

B) DO YOU WISH TO PROVIDE YOUR CUSTOMERS WITH VENDORS COVERAGE? YES NO  
   
 IF YES, NAME OF VENDOR: \_\_\_\_\_  
 YOUR PRODUCT: \_\_\_\_\_

**5. OPERATIONS, ADDITIONAL LIABILITIES & UNIQUE CHARACTERISTICS**

A) DO OTHERS MANUFACTURE, ASSEMBLE, PACKAGE OR INSTALL PRODUCTS UNDER YOUR NAME OR LABEL? YES NO

B) DO YOU MANUFACTURE, ASSEMBLE, PACKAGE OR INSTALL PRODUCTS FOR OTHERS UNDER THEIR NAME OR LABEL? YES NO  
   
 PLEASE EXPLAIN ANY "YES" ANSWERS:

C) HAVE YOU SOLD ANY BUSINESS IN WHICH YOU RETAINED LIABILITIES? YES NO  
   
 IF SO, PLEASE FURNISH DETAILS INCLUDING LIST OF PRODUCTS MANUFACTURED, ASSEMBLED, PACKAGED OR INSTALLED BY YOU PRIOR TO THE DATE SOLD: \_\_\_\_\_

D) HAVE YOU ACQUIRED OR DIVESTED ANY BUSINESS OPERATIONS WITHIN THE LAST 5 YEARS? YES NO  
   
 IF SO, PLEASE DESCRIBE YOUR OBLIGATIONS FOR PAST, PRESENT AND FUTURE LIABILITIES: \_\_\_\_\_

E) CAN YOU IDENTIFY YOUR PRODUCT FROM THOSE OF COMPETITORS? YES NO  
   
 HOW? \_\_\_\_\_  
 PLEASE EXPLAIN ANY "NO" ANSWERS: \_\_\_\_\_

F) WHO ARE YOUR TOP FIVE CUSTOMERS? (NAME, CITY STATE)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**6. CLAIMS HISTORY – FIVE YEARS OR MORE (LOSS RUNS MUST BE FURNISHED)**

A) TOTAL AGGREGATES LOSSES, INCLUDING DEFENSE COSTS:

POLICY PERIOD	NO. OF CLAIMS	TOTAL AMOUNTS PAID		AMOUNTS IN RESERVE		VALUATION DATE
		INDEMNITY	EXPENSE	INDEMNITY	EXPENSE	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

B) DESCRIBE INDIVIDUAL LOSSES, VALUED \$25,000 OR MORE, INCLUDING DEFENSE COSTS:  
 \_\_\_\_\_  
 \_\_\_\_\_

C) ARE YOU AWARE OF ANY OTHER OCCURRENCES, INCIDENTS, CONDITIONS, DEFECTS OR SUSPECTED DEFECTS, WHICH MAY RESULT IN CLAIMS AGAINST YOU? YES NO  
   
 IF YES, GIVE DETAILS:

7. DESIGN, QUALITY CONTROL, RECORDKEEPING, WARNINGS & CLAIM DEFENSE		YES	NO
A)	WHO DESIGNS YOUR PRODUCTS? _____		
B)	DO YOU REQUIRE COPIES OF CERTIFICATES EVIDENCING DESIGN OR ARCHITECTS AND ENGINEERS ERRORS AND OMISSIONS INSURANCE TO BE KEPT IN YOUR FILES?	<input type="checkbox"/>	<input type="checkbox"/>
	IF YES, ARE YOU NAMED AS AN ADDITIONAL INSURED ON THE ARCHITECTS AND ENGINEERS E&O POLICY?	<input type="checkbox"/>	<input type="checkbox"/>
	IF YES, WILL YOU RECEIVE 30 DAYS NOTICE OF CANCELLATION IF THE E&O POLICY IS CANCELLED?	<input type="checkbox"/>	<input type="checkbox"/>
C)	ARE YOUR PRODUCTS DESIGNED, TESTED, LABELED AND MANUFACTURED TO MEET OR EXCEED ALL APPLICABLE GOVERNMENT AND INDUSTRY STANDARDS?	<input type="checkbox"/>	<input type="checkbox"/>
D)	WHAT GOVERNMENT/INDUSTRY STANDARDS MUST YOUR PRODUCTS MEET (I.E. OSHA, UL, ANSI, ASME)? IDENTIFY TOP 3 STANDARDS (INCL. STANDARD NUMBERS). 1) _____ 2) _____ 3) _____		
E)	ARE DESIGNS REVIEWED, TESTED AND VERIFIED BY OTHERS OUTSIDE OF THE COMPANY?	<input type="checkbox"/>	<input type="checkbox"/>
F)	DO YOU HAVE A QUALITY CONTROL PROGRAM?	<input type="checkbox"/>	<input type="checkbox"/>
G)	IF YOU HAVE A QUALITY CONTROL PROGRAM, IS IT WRITTEN?	<input type="checkbox"/>	<input type="checkbox"/>
H)E	WHICH OF THE FOLLOWING ELEMENTS DOES YOUR QUALITY CONTROL PROGRAM INCLUDE:		
	1) WRITTEN SPECIFICATIONS/REQUIREMENTS FOR SUPPLIERS OF RAW MATERIALS AND/OR COMPONENTS?	<input type="checkbox"/>	<input type="checkbox"/>
	2) TESTS OF MATERIALS AND COMPONENTS RECEIVED FROM SUPPLIERS TO DETERMINE CONFORMANCE?	<input type="checkbox"/>	<input type="checkbox"/>
	3) ARE PRODUCTS TESTED AT VARIOUS STAGES TO VERIFY CONFORMANCE WITH WRITTEN STANDARDS?	<input type="checkbox"/>	<input type="checkbox"/>
	4) ARE FINISHED PRODUCTS TESTED TO VERIFY THEY MEET PERFORMANCE REQUIREMENTS?	<input type="checkbox"/>	<input type="checkbox"/>
	5) DO YOU RETAIN YOUR RECORDS OF TEST RESULTS?	<input type="checkbox"/>	<input type="checkbox"/>
	6) HOW LONG DO YOU RETAIN YOUR RECORDS? _____		
I)	DO YOUR RECORDS INDICATE WHEN EACH PRODUCT WAS MANUFACTURED?	<input type="checkbox"/>	<input type="checkbox"/>
J)	DO YOUR RECORDS SHOW TO WHOM AND THE DATE EACH PRODUCT WAS SOLD?	<input type="checkbox"/>	<input type="checkbox"/>
K)	DO YOUR RECORDS SHOW WHO SUPPLIED THE COMPONENT PARTS GOING INTO YOUR PRODUCTS?	<input type="checkbox"/>	<input type="checkbox"/>
L)	DO YOU REQUIRE CERTIFICATES FROM YOUR SUPPLIERS EVIDENCING PRODUCTS LIABILITY INSURANCE? IF YES, WHAT PERCENT ARE: US BASED SUPPLIERS: _____% FOREIGN BASED SUPPLIERS _____%	<input type="checkbox"/>	<input type="checkbox"/>
M)	ARE YOU ISO 9000 (9001, 9002, 9004) AND/OR QS9000 REGISTERED? IF YES, WHO IS THE REGISTRAR (I.E. TUV)? _____	<input type="checkbox"/>	<input type="checkbox"/>
N)	DO YOU EVER DRAW PLANS, DESIGNS OR SPECIFICATIONS FOR ANY PRODUCTS(S) FOR OTHERS? IF YES, DO YOU CARRY DESIGN OR ARCHITECTS AND ENGINEERS ERRORS AND OMISSIONS INSURANCE?	<input type="checkbox"/>	<input type="checkbox"/>
O)	DOES LEGAL COUNSEL PERIODICALLY REVIEW ALL INSTRUCTIONS, OPERATING MANUALS, ADVERTISEMENTS AND WARRANTIES TO AVOID MISUNDERSTANDINGS RELATIVE TO PRODUCT SAFETY OR INTENDED USE? HOW OFTEN?	<input type="checkbox"/>	<input type="checkbox"/>
P)	DO YOU MAINTAIN RECORDS OF CHANGES IN DESIGNS, ADVERTISEMENTS AND SALES BROCHURES?	<input type="checkbox"/>	<input type="checkbox"/>
Q)	DO YOU HAVE A SPECIFIC PROGRAM TO WITHDRAW KNOWN OR SUSPECTED DEFECTIVE PRODUCTS FROM THE MARKET?	<input type="checkbox"/>	<input type="checkbox"/>
R)	HAVE YOU EVER RECALLED (EITHER VOLUNTARILY OR INVOLUNTARILY) OR ARE YOU CONSIDERING RECALLING ANY KNOWN OR SUSPECTED DEFECTIVE PRODUCTS FROM THE MARKET? IF YES, PLEASE FURNISH DETAILS: _____	<input type="checkbox"/>	<input type="checkbox"/>
S)	DO YOU FURNISH ANY GUARANTEES, WARRANTIES, OR HOLD HARMLESS AGREEMENTS? IF YES, PLEASE FURNISH DETAILS: _____	<input type="checkbox"/>	<input type="checkbox"/>
T)	LIST YOUR MEMBERSHIPS IN ANY INDUSTRY PRODUCT-STANDARD ORGANIZATIONS 1) _____ 2) _____ 3) _____ 4)E _____		

**SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.**

**FRAUD NOTICES:**

**PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.**

**ARKANSAS:** AR CODE §23-66-503 "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

<p><b>COLORADO:</b> CO STAT. §10-1-127 "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."</p>
<p><b>DISTRICT OF COLUMBIA:</b> DC CODE §22-3825.9 "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."</p>
<p><b>FLORIDA:</b> FL STAT. §817.234 "ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."</p>
<p><b>HAWAII:</b> HI STAT. §431:10C-307.7 "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."</p>
<p><b>KENTUCKY:</b> KY STAT. §304.47-030 "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."</p>
<p><b>LOUISIANA:</b> LA STAT. §1424 "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."</p>
<p><b>MAINE:</b> ME STAT. TI 24-1, §2186 "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS."</p>
<p><b>NEW JERSEY:</b> NJ STAT. §17:33A-6 "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."</p>
<p><b>NEW MEXICO:</b> NM STAT. §59A-16C-8 "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."</p>
<p><b>OHIO:</b> OH CODE §3999.21 "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."</p>
<p><b>OKLAHOMA:</b> OK STAT. TI 36, §3613. "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."</p>
<p><b>OREGON</b> Bulletin 98-5 ANY PERSON, WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION FOR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD."</p>
<p><b>PENNSYLVANIA:</b> PA STAT. TI 18, §4117 "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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."</p>
<p><b>RHODE ISLAND:</b> RI GEN. LAWS §27-54-8 "THE FAILURE TO DISCLOSE A CONVICTION FOR ARSON MAY SUBJECT THE APPLICANT TO CRIMINAL PENALTIES."</p>

**TENNESSEE:** TN CODE §56-53-111 "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**VIRGINIA:** VA CODE §52-40 "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**OTHER STATES:** WARNING: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME, AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**NEW YORK:** NY COMPILATION OF CODES, RULES & REGULATIONS TITLE 11, SECTION 86  
"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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

**THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.**

<b>Applicant Name (Name of Company)</b>	<b>Producer's Name</b>
<b>Signature of Authorized Representative</b>	<b>Producer's Signature</b>
<b>Print Name</b>	<b>Producer's Phone</b>
<b>Title</b>	<b>Producer's Fax</b>
<b>Date</b>	<b>Producer's Email</b>