



APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

NOTE: This application is to be signed and dated by an officer/principal of the applicant. All questions must be answered.

Applicant

1. Give the full name of the applicant and subsidiary companies and operations of each:

2. Principal address:

Web site address:

3. Corporation _____ Partnership _____
 Proprietorship _____
 Other (specify) _____

4. Sales/receipts estimate for the next 12 months
 Domestic \$ _____
 Foreign \$ _____

5. Payroll estimate for the next 12 months
 Domestic \$ _____
 Foreign \$ _____

6. How many years has applicant been in business under the current name? _____

7. Have any of the principals ever engaged in this or similar enterprises under a different name?
Yes _____ No _____ (if yes, attach details)

8. Please state the name, title and telephone number of the person we may contact in order to arrange for an inspection of your operation.

Name _____

Title _____

Tel. # _____

Products and Services

9. Describe the products and services of the applicant and show the number of years each product or service has been offered.

10. Give the name/industry of the three largest customers:

a. _____

b. _____

c. _____

11. Who performs the installation of the applicant's product(s)?

a. Applicant _____

b. Customer _____

c. Third party hired by _____

1. Customer _____

2. Applicant _____

(if more than one method used, please explain.)

12. What products have you ceased manufacturing during the past ten (10) years?
Provide details or state "none" if none applies.

13. Does applicant retain the liability for any products or operations which they no longer control?
YES _____ NO _____

(If yes, please explain)

14. Have any products been acquired by merger or acquisition? (If so, explain)

a. Did the applicant assume liability for these products?
(If so, explain)

Sales in the last three years:

	U.S.	Canada	Rest of World
Sales Estimate:			
First prior year:			
Second prior year:			
Third prior year:			
Fourth prior year:			
Fifth prior year:			

Product description	Years in market	Estim. prod. life	% of gross sales	Applicant is a/an					Products sold to					Does applicant		
				M	W	R	I	MR	M	W	R	C	O	Install	Repair	

M=Manufacturer R=Retailer MR=Manufacturer rep. O=Other
W=Wholesaler I=Importer C=Consumer – direct

15. Will any new products be introduced in the next 12 months?
(if yes, explain)

16. Do you import products or component parts? (Explain)

17. Have you ever recalled products? (If so, attach details)

18. Have any of your products ever been subject to injury or investigation relative to product safety by a governmental agency? (If so, attach details)

19. How can your products be identified from the products of your competitors?

20. Describe materials or principal components of each product:

- a. _____
- b. _____
- c. _____

21. Do you design and manufacture the complete product? Yes ___ No ___
If no, what components are purchased by you? Describe:

Is the product under your label? Yes ___ No ___

22. Do you assemble the product? Yes ___ No ___
If yes, what is the process? Describe:

23. Do you maintain and/or service the products? Yes ____ No ____
(If yes, provide details):

24. Do you maintain quality control procedures? Yes ____ No ____
(If yes, describe/attach details of these procedures):

25. Do you maintain complete inventory records of shipments and/or delivery to consignees? Yes ____
No ____
(If yes, are serial and/or batch numbers shown on the finished product and on shipment
invoices?)

Yes ____ No ____

26. Can the date of manufacture of each product be identified by the factory numbers stamped on it?
Yes ____ No ____

Do others manufacture, assemble, package or install products?

a. under your name or label?

b. under their name or label?

27. Do you keep samples of products involved in your quality control procedures?

Yes ____ No ____

(If yes, how long?) _____

28. Do you have a formal "Products Recall Plan"? Yes ____ No ____

29. Do you have a written procedure for the handling of complaints about your products and
accidents/injuries involving your products?

30. Is a written record of all such complaints, accidents, injuries maintained? _____

Who is the individual or the department responsible to maintain these records?

31. Is any component in your product(s) considered as a "hazardous substance" under any governmental regulations? Yes ____ No ____

If yes, provide descriptions and names of these substances by attachment.

32. If you are a distributor and do not actually manufacture the products you sell, then does your manufacturer(s) provide you with vendors liability coverage?

Yes ____ No ____

Prior Insurance

33. Who was your insurer in the last 3 years? (If self-insured, so state)

34. State limit of liability, SIR or deductible (specify which), retroactive date (if any), rate and premium:

Year carrier limit DEC/SIR rate/premium

35. If you have been self-insured or had an SIR, who adjusted the claims and established reserves?

36. Has any carrier cancelled, restricted or refused to renew your products liability insurance in the past five years? (If yes, attach details)

37. Are any of your products intended for use on or in connection with:

Aircraft or missiles? _____

Watercraft? _____

Offshore operations? _____

38. Do you require certificates of insurance from your suppliers? (If so, indicate minimum limit acceptable)

39. Do you provide insurance to your distributors? (If so, explain)

40. Are your products designed, tested, labeled and manufactured to meet or exceed all industry or government standards?

PRODUCTS LIABILITY CLAIM HISTORY

41. Please attach at least 5 years data on claims-both total losses from first dollar, including expenses and specific date on individual losses paid or reserved for \$10,000 or more (first dollar including expenses)

Attach a hard copy of losses from prior carriers.

(Lose amounts must be from first dollar and include expenses)

Pol. Period	Carrier	No. of Claims	Amounts Paid	Reserved	Date losses valued

Individual Losses greater than \$10,000

(Indemnity and expense amounts must be first dollar)

Claimant	Date of Audit	Date Claim Made	Description	Indemnity	Expense	O-Open C-Closed	Date losses valued

PLEASE CHECK TO ENSURE THAT ALL QUESTIONS HAVE BEEN ANSWERED

Attach copies of:

- Product brochures/catalogs
- Last annual financial statement for applicants with revenues of \$5,000,000 and higher

Also attach explanation to questions which may be useful.

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: 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.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and 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 Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to **Boston Insurance Brokerage, 24 Federal Street, Fourth Floor, Boston, MA 02127**

Applicant's Name:

Signature

Title:

Date: