

APPLICANT'S INSTRUCTIONS

1. ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTION 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 INSURED 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.

PRODUCER				PRODUCER CODE
STREET ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS				PHONE NUMBER
				EMAIL ADDRESS

APPLICANT INFORMATION

NAME (First Named Insured and other Named Insureds - *Note if multiple Named Insureds are listed, please list operations of each Named Insured in the COMPANY HISTORY (description of operations) section on page two and designate accordingly):

STREET ADDRESS		CITY	STATE	ZIP CODE	PHONE NUMBER
MAILING ADDRESS				WEBSITE	
APPLICANT OPERATES AS AN:					
Individual		Corporation		Partnership	
Other (Describe):					
ACCOUNTING CONTACT				PHONE	

COVERAGE REQUESTED

EFFECTIVE DATE:	EXPIRATION DATE:
GENERAL AGGREGATE:	\$ AMOUNT
PRODUCTS AND COMPLETED OPERATIONS AGGREGATE:	\$ AMOUNT
EACH OCCURRENCE:	\$ AMOUNT
PERSONAL INJURY AND ADVERTISING LIMIT:	\$ AMOUNT
DAMAGE TO PREMISES:	\$ AMOUNT
DEDUCTIBLE (PER OCCURRENCE OR PER CLAIM):	\$ AMOUNT

YOUR PRODUCTS AND SERVICES

SPECIFIED PRODUCTS AND COMPLETED OPERATIONS

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	MR	C	O

M = Manufacturer **R** = Retailer **MR** = Manufacturer's Rep **Other** (specify)
W = Wholesaler **I** - Importer **C** = Consumer-Direct

COMPANY HISTORY

Date Established:

Is the applicant a subsidiary of another entity? YES NO

If yes, please provide details:

Does the applicant have any subsidiaries or related entities not listed above? YES NO

If yes, please provide details:

Have there been any mergers/acquisitions, consolidations or divestitures? YES NO

If yes, please describe your obligations for past, present & future liabilities:

Has the applicant ever operated under a different name? YES NO

If yes, please attach complete list of prior names and addresses:

Complete description of all operations - *Note if multiple Named Insureds are listed, please list operations of each Named Insured in this section and designate accordingly):

REVENUES

Estimated gross annual:

SALES/RECEIPTS \$ DOMESTIC SALES \$ FOREIGN SALES \$

Total sales or receipts for all products and services:

PRIOR 12 MONTHS \$ 2ND PRIOR YR \$ 4TH PRIOR YR \$

1ST PRIOR YR \$ 3RD PRIOR YR \$ 5TH PRIOR YR \$

Describe any significant change in product sales mix between any prior year and next year's projection (use additional paper if necessary):

Please list all additional Named Insureds and their percentage of total annual gross receipts:		
Do you wish to provide your customers with vendors coverage? YES NO		
GENERAL INFORMATION		
Have you discontinued or are you considering discontinuing any product to be covered by this insurance?	YES	NO
If yes, please provide details:		
Are any new products planned for sale during the next 12 months?	YES	NO
Do you import component parts?	YES	NO
Do you export products or have foreign operations?	YES	NO
Are any of your products or services known to be used in connection with aircraft/missiles/aerospace?	YES	NO
Are any of your products or services subject to registration/regulation/review by any governmental agency?	YES	NO
Are any of your products (past or present) known to be used in connection with or contain asbestos or silica materials?	YES	NO
Please explain any "yes" answers:		
Processing, Quality Control and Record keeping		
Do others manufacturer, assemble, package or install products under your name or label?	YES	NO
Do you manufacturer, assemble, package or install products for others under their name or label?	YES	NO
Please explain any 'yes' answers:		
Are written quality control and testing procedures followed?	YES	NO
How long are quality control and testing records kept?	YES	NO
Are you required to file the test results with any regulatory body?	YES	NO
Can you identify your product from those of competitors?	YES	NO
How?		
Do your records indicate when each product was manufactured?	YES	NO
Do your records show to whom and the date each product was sold?	YES	NO
Do your records show who supplied the component parts going into your products?	YES	NO
Do you require certificates from your suppliers evidencing products liability insurance?	YES	NO
Please explain any "no" answers:		
Loss Prevention and Loss Control		
Who designs your products?		
Are designs reviewed, tested and verified by others?	YES	NO

Do you maintain records of changes in designs, advertisements and sales brochures?	YES	NO
Are all instructions, operating manuals, advertisements and warranties periodically reviewed by legal counsel to avoid misunderstandings relative to product safety or intended use?	YES	NO
How often?		
Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards?	YES	NO
Do you ever draw plans, designs or specifications for any product (s) for others?	YES	NO
If yes, do you carry design or architects and engineers error and omissions insurance?	YES	NO
ADDITIONAL INFORMATION		
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:		
Do you have a specific program to withdraw known or suspected defective products from the market?	YES	NO
Have you ever recalled (either voluntarily or involuntarily) or are you considering recalling any known or suspected defective products from the market?	YES	NO
If yes, please provide details:		
Do you provide any guarantees, warranties, or hold harmless agreements?	YES	NO
If yes, please provide details:		
List your memberships in any industry product-standard organizations (ex: ISO 9000):		
Any exposure to flammables, explosives, chemicals?	YES	NO
Any exposure to radioactive/nuclear materials?	YES	NO
Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous materials? (e.g., landfills, wastes, fuel tanks, etc)	YES	NO
Any machinery or equipment loaned or rented to others?	YES	NO
Any medical facilities provided or doctors employed/contracted?	YES	NO
Is a formal safety program in operation?	YES	NO
Any watercraft, docks, floats owned, hired or leased?	YES	NO
Any sporting or social events sponsored?	YES	NO
Are certificates of insurance required from all subcontractors?	YES	NO
Do your subcontractors carry coverages or limits less than yours?	YES	NO
Any hoists, cranes or mobile equipment owned, operated, maintained or used in your operations?	YES	NO
Explain all 'yes' responses:		

INSURANCE HISTORY (LAST 5 YEARS)

General Liability		Current Year	1st Prior		2nd Prior		3rd Prior		4th Prior		
Carrier											
Policy Period											
Policy no.											
Policy type											
Retroactive date											
Policy Limits:	Occurrence										
	Gen. Aggregate										
Premium											
SIR or Deductible											
Expense within policy limit?		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Products Liability		<i>INCLUDED WITH GL</i>		<i>INCLUDED WITH GL</i>		<i>INCLUDED WITH GL</i>		<i>INCLUDED WITH GL</i>		<i>INCLUDED WITH GL</i>	
Carrier											
Policy Period											
Policy no.											
Policy type											
Retroactive date											
Policy Limits:	Occurrence										
	Gen. Aggregate										
Premium											
SIR or Deductible											
Expense within policy limit?		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Has any insurer ever cancelled, restricted or refused to renew your policy or any coverage in the last 5 years?									YES	NO	
If yes, please explain:											
Has any product, work, accident or location been excluded, uninsured or self-insured from any previous coverage?									YES	NO	
If yes, please explain:											

CLAIMS HISTORY

Current plus last five years (currently valued hard copy loss runs)

Total aggregates losses, including defense costs:

Policy period	No. of Claims	Total Amounts Paid		Amounts in Reserve		Valuation Date
		Ind	End	Ind	End	

Describe individual losses, valued \$25,000 or more, including defense costs:

Are you aware of any other occurrences, incidents, conditions, defects or suspected defects that may result in claims against you? YES NO

If yes, give details:

FRAUD WARNING

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false 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.

NOTICE TO CALIFORNIA APPLICANTS: Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

NOTICE TO COLORADO APPLICANTS: 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 policy holder 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement or claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO VIRGINIA APPLICANTS: 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.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

APPLICANT

TITLE

APPLICANT'S SIGNATURE

DATE

AGENT/BROKER NAME

The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.