

Quaker Special Risk

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PRODUCTS AND COMPLETED OPERATIONS LIABILITY APPLICATION

Applicant's Instructions:

1. Answer all questions. If the answer to any question is NONE, please state NONE. Do not use N/A or Not Applicable.
2. Please read carefully the statement at the end of this application.

1. **APPLICANT** Proposed Effective Date: _____

A. Give the full name of applicant and subsidiary companies. _____

B. Principal Address: _____

C. Website: www. _____

D. Corporation Partnership
Proprietorship Other (specify)

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

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

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

i. Name: _____ Title: _____

ii. Tel.#: _____

2. SPECIFICATIONS:	Requested	Current
A. Limits of Liability	_____	_____
B. Self-Insured Retention or Deductible (specify):	_____	_____
C. Retroactive Date (if applicable):	_____	
D. Present Insurer: _____ and Premium: _____		
E. Has any insurer ever cancelled, restricted or refused to renew your products liability insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach details. _____		

3. PRODUCTS AND SERVICES:

A. Describe your products and services. Show the number of years involved with each product.

B. Give the name/industry of your three largest customers:

1. _____

2. _____

3. _____

C. Products acquired via acquisition or merger: _____

Did you retain liabilities for these products? Yes No

D. Have you discontinued any products? Yes No If yes, state year discontinued and why: _____

E. Do you plan the introduction of any new products? Yes No If yes, please explain: _____

F. 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.)

G. Does applicant retain the liability for any products or operations, which they no longer control?

Yes No (If yes, please explain.)

H. Current and historical sales (Include estimated for next 12 months and actual for past 5 years):

<u>Term</u>	<u>Total Sales</u>	<u>Main Product</u>	<u>Percent of Total</u>
Estimated (next 12 months)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I. Domestic Sales (% of total) _____ %

Foreign Sales (% of total) _____ %

J. Payroll \$ _____

K. What products have you ceased manufacturing during the past ten (10) years? Provide details or state NONE if NONE applies:

L. Has there been a significant change in your products or mix of products sold in the last 5 years?
Yes No (If so please explain)

M. Will any new products be introduced in the next 12 months? Yes No If yes, please explain:

N. Do you import products or component products? Yes No If yes, please explain: _____

O. Have you ever recalled products? Yes No (If so, attach details)

P. Have any of your products ever been subject to inquiry or investigation relative to product safety by a governmental agency? (If so, attach details) Yes No

Q. Can your products be identified from the products of your competitors? Yes No (If so, explain in detail how this is done)

R. Do you manufacture the complete product? Yes No If no, what components are purchased by you? Describe: _____

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

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

U. Do you maintain complete inventory records of shipments and/or delivery to consignees?
Yes No

V. 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

W. If you are a distributor, does your name appear anywhere on the product, label or instructions?
Yes No

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

Aircraft or missiles? Yes No Watercraft? Yes No

Offshore operations? Yes No Transportation? Yes No

4. CLAIMS HISTORY

A. 5 years or more (attach hard copy, currently valued loss runs), total aggregate losses, from first dollar, including expenses.

Valuation date of loss information: _____

Carrier	Term	# of claims	Indemnity Paid	Expenses Paid	Indemnity Reserved	Expenses Reserved	Total Incurred
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$

B. Individual Losses greater than \$10,000, from first dollar including expenses.

Date of Claim	Product involved	Description of claim	Total Indemnity	Total Expense	Open or closed

C. Are you aware of any other incidents, conditions, circumstances, defects, or suspected defects which may result in claims against you? Yes No If yes, give details: _____

D. If you have been self-insured or had an SIR, who adjusted the claims and established reserves?
 Name: _____
 Contact person: _____ Title: _____
 Address: _____

E. Have you ever been involved or named in any class-action, multi-claimant or multi-district litigation or lawsuits? Yes No If yes, give details: _____

5. LOSS PREVENTION/QUALITY CONTROL

A. Have your products ever been subject to inquiry or investigation relative to product safety by any governmental agency? Yes No If yes, please attach details.

B. Do you have a written products recall plan? Yes No If yes, please attach a copy.

C. Do you do your own design work? Yes No

- D. Do you maintain records of design changes and reasons justifying these changes? Yes No
- E. Do you maintain records of design changes and reasons justifying these changes? Yes No
- F. Are your designs subject to independent external review, testing or certification? Yes No
If yes, attach details.
- G. Are written testing procedures followed? Yes No
- H. Are instructions, warning labels and advertising texts provided to your customers? Yes No
- I. Do you provide any specific training/instruction for the ultimate user in the proper use of your product? Yes No If yes, please describe: _____

- J. Explain how you identify your products and parts from similar competitors' products and parts: _____

- K. Do you require certificates of insurance from all suppliers (If so, indicate minimum limit acceptable)?
Yes No _____
- L. Do you provide insurance to your distributors? Yes No If yes, provide details: _____

- L. Are your products designed, tested, labeled and manufactured to meet or exceed all industry or government standards? Yes No

PLEASE CHECK THAT ALL QUESTIONS HAVE BEEN ANSWERED AND ATTACH COPIES OF,

- Products brochures, catalogs, service agreements, labels, instructions or other written statements.**
- Latest annual report.**
- 10K report (if publicly traded)**
- Current audited financial statement (or pro forma)**
- Additional explanation to questions herein where appropriate.**

Note--completion of this application creates no obligation upon the applicant to accept insurance or upon any Insurer, Underwriter, or Broker to offer insurance.

By signing this application, I attest to the accuracy of the information provided. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the coverage, if under binder or policy, is subject to immediate cancellation.

Signature of Applicant: _____ Date _____

Title _____

Name of Broker _____