



Products Pollution Liability Application

1. APPLICANT:

A. Full name of all entities past and/or present to be Named Insured (s):

B. Principal business premise address:

C. Corporation Proprietorship LLC Other (Check One)

D. Years in business under the present name: _____

E. S.I.C. Code: _____

2. POLICY:

INSURANCE
REQUESTED

PRESENT
INSURANCE

A. Limits of Insurance: \$ _____ Each Occurrence
\$ _____ Aggregate

\$ _____ Each Occurrence
\$ _____ Aggregate

B. Deductible/S.I.R. \$ _____

\$ _____

C. Retroactive Date: _____

D. Present Insurer: _____

E. Has any insurer ever canceled, restricted to renew your products liability insurance?

Yes No If yes, please explain: _____



Environmental Insurance Agency, Inc.

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3. SPECIFIED PRODUCTS and COMPLETED OPERATIONS:

A. Only those products and services specified below will be considered for coverage

Products and Services (or specific categories)	Applicant acts as a(n)					Number of years?	% of gross sales?	Does applicant		Products sold to:				
	M	W	R	I	MR			Install?	Repair or Service?	W	R	MR	C	O

M – manufacturer W – wholesaler R – retailer I – importer MR – manufacturers rep. C – consumer O – other (please specify)

B. Have you discontinued or are you considering discontinuing any product to be covered by this insurance?

Yes No (if yes, please attach explanation)

C. Are any of your products or services known to be used in connection with: Aircraft, Missiles or Aerospace?

Yes No (if yes, please attach explanation)

4. SALES and MARKETING:

A. Total sales or receipts for all products and services:

Next years projections \$ _____ Past 12 months \$ _____

1st prior year \$ _____ 2nd prior year \$ _____

Describe any significant change in product sales mix between any prior year and next years projection:

B. Do you wish to include your customers as additional insureds with Vendors Coverage? Yes No



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5. PROCESSING and QUALITY CONTROL

A. PROCESSING

- 1. Do others manufacture, assemble, package or install products under your name label?
 Yes No
- 2. Do you manufacture, assemble, package or install products for others under their name or label?
 Yes No

B. QUALITY CONTROL AND RECORDKEEPING

- 1. Do you have a quality control and testing procedure? Yes No
- 2. How long are quality control and testing records kept? _____
- 3. Can you identify your product from those of competitors? Yes N
- 4. Do your records show to whom and the date each product was sold? Yes No
- 5. Do you require certificates evidencing Products Liability Insurance from suppliers?
 Yes No

6. LOSS PREVENTION, LOSS CONTROL and CLAIM DEFENSE

- A. Who designs your products? _____
- B. Are designs reviewed, tested and verified by others? Yes No
- C. Do you maintain records of changes in designs, advertisements and sales brochures? Yes No
If yes, how long? _____ years.
- D. 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
- E. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards? Yes No
- F. Do you have a specific program to withdraw known or suspected defective products from the market?
 Yes No
- G. Have you ever recalled or are you considering recalling any known or suspected defective products from the market? Yes No (if yes, please attach explanation)

7. ADDITIONAL INFORMATION - Please Attach Copies of the Following Information

- A. Five years currently valued loss runs from carrier.
- B. Production brochures, labels, instructions and advertising materials.



7. ADDITIONAL INFORMATION -Continued

- C. Standard sales agreement and warranty
- D. Quality assurance / Quality control procedure and Product recall plan.
- E. Resumes of key personnel.
- F. Any existing products liability loss control reports or recommendations.
- G. Two years of audited financial statements.

FRAUD WARNING: APPLICABLE TO ALL STATES

Any person who knowingly and with intent to defraud any insurance company or other person(s) 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.

WARRENTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of application and the effective date of the insurance, (s)he (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement bind the insurance. Signing this application does not bind the applicant to the insurer to complete the insurance.

Notice to Applicants: Any person who knowingly and with intent to defraud any insurance company or other person(s) that files an application containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime.

(Signature)

(Date)

(Title)