



Risk Placement Services, Inc.

# Product Liability Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Agent Name:

Contact:

Agent Address:

Phone #

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

\_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_ to \_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### UNDERWRITING INFORMATION

1. Business of Applicant is:  Manufacturer  Distributor  Direct Importer  Broker  Other (Describe)

2. Description of operations: \_\_\_\_\_

3. Years in business: \_\_\_\_\_

4. Description of all acquisitions completed in the last five years: \_\_\_\_\_

5. Description of all discontinued products and historical sales for each: \_\_\_\_\_

6. Total Annual Gross Sales

	YEARS	SALES		
		UNITED STATES	FOREIGN*	TOTAL
UPCOMING YEAR (ESTIMATE)	to			
CURRENT YEAR	to			
FIRST PRIOR YEAR	to			
SECOND PRIOR YEAR	to			
THIRD PRIOR YEAR	to			
FOURTH PRIOR YEAR	to			

\*If any foreign sales, list countries where your product is sold: \_\_\_\_\_

**UNDERWRITING INFORMATION** (Continued)

7. If you distribute products manufactured by others:
- a. Do you directly import any products? .....  Yes  No  
If yes, describe products and provide corresponding sales and countries of origin.  
\_\_\_\_\_
  - b. Do you obtain Certificates of Product Liability Insurance from each of your manufacturers/suppliers? ...  Yes  No  
If yes, what are the minimum limits of insurance required? \_\_\_\_\_
  - c. Are you included as an Additional Insured-Vendor under each manufacturer's / supplier's Product Liability insurance? .....  Yes  No
8. If you contract the manufacturing of your product to others, do you have a formal written agreement with your sub-manufacturers? .....  Yes  No  
If yes, **attach** those sections of the agreement(s) pertaining to Product Liability and Product Liability insurance.
9. Do you obtain Certificates of Insurance from all suppliers evidencing Product Liability insurance? .....  Yes  No  
If yes, minimum limits of insurance required? \_\_\_\_\_
10. Do you or others on your behalf install, service, repair or maintain your products? .....  Yes  No  
If yes, **attach** full details including a copy of your standard written contract and estimate the percentage of sales generated by these operations.
11. Do you maintain formal written quality control and testing procedures? .....  Yes  No
12. How long are quality control and testing records kept? \_\_\_\_\_
13. Can you identify your product from those of competitors? .....  Yes  No
14. Do you maintain records of the following:
- a) When and where your product was manufactured? .....  Yes  No
  - b) To whom your product was sold and the date of sale? .....  Yes  No
  - c) Who supplied the parts and/or supplies going into the product? .....  Yes  No
  - d) Changes in design? .....  Yes  No
  - e) Changes in advertising material? .....  Yes  No
- If yes, how long do you maintain the records? \_\_\_\_\_
15. Who designs your products? \_\_\_\_\_
16. Are designs reviewed, tested and verified by others? .....  Yes  No  
If yes, by whom? \_\_\_\_\_  
List their credentials: \_\_\_\_\_
17. Are all warning labels and instructions for use reviewed by outside counsel? .....  Yes  No
18. Are your products subject to any government or industry standards?.....  Yes  No  
If yes, are your products in full compliance? .....  Yes  No  
Describe the standards and the documentation: \_\_\_\_\_
19. Have you attained ISO 9002, QS 9000 or similar Certification? .....  Yes  No
20. Do you offer training or instruction on the use of your products? .....  Yes  No  
If yes, do you certify the trainees? .....  Yes  No
21. Do you have a formal written products recall procedure? .....  Yes  No  
If yes, **attach** a copy.

**UNDERWRITING INFORMATION** (Continued)

22. Have you voluntarily or involuntarily recalled, or are you considering recalling, any known or suspected defective products from the market? .....  Yes  No  
 If yes, describe. \_\_\_\_\_

23. Are you aware of any incident, condition, circumstance, defect or suspected defect in any product or work, which may result in a claim or claims against you that are not listed above? .....  Yes  No  
 If yes, **attach** an explanation.

24. Are you aware of any complaint or notice filed in the last three years with any governmental agency or industry regulatory body including but not limited to the U.S. Consumer Product Safety Commission concerning your product? .....  Yes  No  
 If yes, **attach** an explanation.

25. Desired Limits. \_\_\_\_\_ Deductible/SIR. \_\_\_\_\_

26. Current Carrier Information

CARRIER	LIMITS	DEDUCTIBLE/SIR	RATE	PREMIUM

Coverage Form:  Occurrence  Claims Made, Retro Date: \_\_\_\_\_

Is current carrier offering renewal? .....  Yes  No

**PRIOR CARRIER HISTORY & LOSS INFORMATION**

**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM
___	___	___	___	___
___	___	___	___	___
___	___	___	___	___

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
___	___	_____ _____	___	___
___	___	_____ _____	___	___
___	___	_____ _____	___	___
___	___	_____ _____	___	___
___	___	_____ _____	___	___

