

Return application to:
CB Malaga Insurance Services LLC
tel: 877-245-5887
fax: 805-426-8540
email: info@cbspecialty.com

PRODUCT LIABILITY APPLICATION

Applicant Name:

Agent's Name:

Mailing Address:

Mailing Address:

Location Address:

Proposed Effective Date:

From: 12:01 A.M. Standard Time at
the address of the Applicant

To:

Applicant is:	Individual	Corporation	Joint Venture	LLC
	Partnership	Other – Specify:		
Business of Applicant is:	Manufacturing	Broker	Distributor	
	Direct Importer	Other – Specify:		

Bankruptcy – Within the last 5 years, were there any pending or planned bankruptcies, or judgements for unpaid taxes against you, or your majority partner? Yes No

Inspection and Audit Information:

Contact Name:

Title:

Phone Number:

- 1) Years in business:
- 2) Description of Operations:

- 3) Description of all discontinued products and historical sales for each:

- 4) Description of all acquisitions completed in the last five years:

5) Annual sales:

		Sales United States	Sales Canada	Sales U.K., Ireland & Australia	Sales All Other Countries	Sales Total
Upcoming Year (Estimate)	To	\$	\$	\$	\$	\$
Current Year	To	\$	\$	\$	\$	\$
First Prior Year	To	\$	\$	\$	\$	\$
Second Prior Year	To	\$	\$	\$	\$	\$
Third Prior Year	To	\$	\$	\$	\$	\$
Fourth Prior Year	To	\$	\$	\$	\$	\$

6) If you distribute products manufactured by others:

a. Do you directly import your final product from a foreign company? Yes No

b. Do you obtain Certificates of Product Liability Insurance from each of your manufacturers/suppliers? Yes No

If Yes, 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

7) If you contract the manufacturing or assembly of your final product to others, is any manufacturing or assembly performed by a foreign company? Yes No

8) If you contract the manufacturing or assembly of your product to a domestic company, do you have a formal written agreement with each sub-manufacturer? Yes No

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 or maintain your products? Yes No

If Yes, list full details below 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 testing records kept?

13) Can you identify your product from those 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 records?

15) Who designs your products?

16) Are designs reviewed, tested and verified by others? Yes No

If Yes, by whom?

Please list 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 its documentation:

19) Have you attained ISO 9000, QS 9000 or similar Certification? Yes No

20) Do you offer training or instruction in the user of your products? Yes No

If Yes, do you certify the trainees? Yes No

21) Do you have a formal written product recall procedure? Yes No

If Yes, please attach a copy.

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, please describe:

23) Do you or others (including your suppliers and contract manufacturers) manufacture, create or use **carbon nanotubes or fullerenes** in any product manufactured, sold or distributed? Yes No

If Yes, please describe the end products or component parts in detail:

24) Are nanoscale materials or nanoparticles **other than carbon nanotubes and fullerenes** used by you or others (including your suppliers and contract manufacturers) in the manufacture or creation of any product, or any product, sold or distributed? Yes No

If Yes, please describe nanoscale materials, nanoparticles and end products in detail:

25) Five Year carrier loss history (or check here if no insured or uninsured losses in five years):

Policy Period	Carrier	SIR / Deductible	Claims Valuation Date	# Claims	Reserved	Paid	Total Incurred

- 26) Are you aware of any incident, condition, circumstance, defect or suspected defect in any product of work, which may result in a claim or claims against you that are not listed above?
If Yes, please describe: Yes No
- 27) 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?
If Yes, please describe: Yes No
- 28) Are you aware of any study, analysis or trial conducted or being conducted by or on behalf of any governmental agency or industry regulatory body to examine the safety of your product?
If Yes, please describe: Yes No

29) Current Carrier:

Limits:

Deductible/SIR:

Rate:

Premium:

Retro Date:

Coverage Form: Occurrence Claims-Made

30) Desired Limits:

Desired Deductible / SIR:

Fraud Notices

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. * Applies in FL only.

Applicable in KS: Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: 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 and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other States: 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.