

## PRODUCT LIABILITY APPLICATION

	Applicant Name:  Mailing Address:	Address:		
	Location: Web Site:	Proposed Effective Date From: 12:01 A.M, Standar	To: rd Time at the address of	the Applicant
В	Applicant is:   Individual   Corporation   Partners.  Business of Applicant is:   Manufacturer   Distributor   Contact name, title and phone number for inspection and au	Direct Importer □ Broker □ O	ther (Describe)	
	Years in business:  Description of operations:			
3. 1.	Description of all discontinued products and historical sal			
5.	Annual sales:			
	Upcoming Year (Estimate)to  Current Yearto  First Prior Yearto  Second Prior Yearto  Third Prior Yearto  Fourth Prior Yearto	Sales – United States	Sales-Foreign	Sales Total
ő.	<ul> <li>If you distribute products manufactured by others:</li> <li>a. Do you directly import any products? ☐ Yes ☐ No Istotal sales and countries of origin.</li> <li>b. Do you obtain Certificates of Product Liability Insura If yes, minimum limits of insurance required:</li> <li>c. Are you included as an Additional Insured-Vendor under the control of the</li></ul>	ance from each of your manufact	curers/suppliers?   Yes	□ No

7.	If you cont	ract the manufacturing of yo	our product to ot	hers, do you have a forn	nal written ag	greement with y	our sub-manuf	facturers?
	□ Yes □	No If yes, please attach the	ose sections of th	ne agreement(s) pertainin	ng to Produc	t Liability and F	Product Liabilit	ty insurance.
8.	Do you obt	ain Certificates of Insurance	e from all suppli	ers evidencing Product I	Liability insu	rance?   Yes	$\square$ No	
	If yes, min	imum limits of insurance rec	quired:		_			
9.	Do you or	others on your behalf install	, service, repair	or maintain your produc	ts? □ Yes □	□ No		
		ch full details including a co		ard written contract and	estimate the	percentage of s	ales generated	by these
10.	Do you ma	intain formal written quality	control and test	ting procedures?   Yes	□ No			
11.	How long a	are quality control and testin	g records kept?					
12.	Can you id	entify your product from the	ose of competito	rs? □Yes □ No				
13.	Do you ma	intain records of the followi	ng:					
	a) When ar	nd where your product was n	nanufactured?	Yes □ No				
	b) To whom	n your product was sold and	I the date of sale	?□Yes□No				
	c) Who sup	pplied the parts and/or suppl	ies going into th	e product? □ Yes □ No				
	d) Changes	s in design? ☐ Yes ☐ No						
	e) Changes	in advertising material?	Yes □ No					
	If yes, how	long do you maintain the re	ecords?					
14.	Who design	ns your products?						
15.	Are design	s reviewed, tested and verifi	ed by others?	Yes No If yes, by	whom?			
	Please list	their credentials:						
16.	Are all war	rning labels and instructions	for use reviewed	d by outside counsel?	Yes □ No			
17.	Are your pr	oducts subject to any govern	nment or industr	y standards? □ Yes □ N	o If yes, are	your products	in full complia	nce □ Yes □ No
	Describe the	e standards and the documer	ntation:					
20.	Have you a	ttained ISO 9000, QS 9000 o	or similar Certifi	ication?   Yes   No				
21.	Do you offe	er training or instruction in the	he use of your pr	roducts? □ Yes □ No	If yes, do yo	ou certify the tra	ninees? □Yes	□No
22.	Do you hav	e a formal written products	recall procedure	? □ Yes □ No If yes, a	nttach a copy			
23.	Have you	voluntarily or involuntarily r	ecalled, or are y	ou considering recalling	, any known	or suspected de	fective produc	ts from the
	market?	Yes □ No If yes, please d	lescribe:					
24.	Five year ca	arrier and loss history:						
	Policy	Carrier	SIR/Ded	Claims Valuation Date	# Claims	Reserved	Paid	Total Incurred
	Period							
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or claims against you that are not listed above? $\square$ Yes $\square$ N			
- · · · · · · · · · · · · · · · · · · ·	No If yes, please attach an	explanation.	
26.Are you aware of any complaint or notice filed in the last	three years with any government	mental agency or	industry regulatory body
including but not limited to the U.S. Consumer Product Sa	afety Commission concernin	g your product?	☐ Yes ☐ No If yes, please
attach an explanation.			
27. Are you aware of any study, analysis or trial conducted of	r being conducted by or on b	ehalf of any gove	ernmental agency or industry
regulatory body to examine the safety of your product?	☐ Yes ☐ No If yes, please a	ttach an explanat	ion.
28. Current Carrier: Limits:	Deductible/SIR:	Rate:	Premium:
Coverage Form: Occurrence Claims-Made Ret	tro Date:		
Is current carrier offering renewal? ☐ Yes ☐ No			
29. Desired Limits:	Deductible/SIR:		
WARRANTY: It is warranted to Admiral Insurance Compan policy of insurance and deemed incorporated therein should t I/We hereby authorize the release of claim information from	the Company evidence its ac	eceptance of the a	pplication by issuance of a policy.

Applicant's Printed Name