

PRODUCTS AND COMPLETED OPERATIONS LIABILITY APPLICATION - MISSOURI

Applicant: _____ Proposed Effective Date: _____

1. Full Name: _____

2. Mailing Address: _____

3. Website: _____

4. Contact name: _____ Title: _____ Phone #: _____

5. Business is: Corporation Partnership Proprietorship Other (Specify): _____
 Manufacturer Wholesaler Retailer Importer Exporter

6. Years in business under present name: _____

7. Have any of the principals ever engaged in this or similar enterprises under a different name: Yes No
If yes, please explain: _____

8. Current affiliation with any other firms? Yes No If yes, please explain: _____

9. Gross sales estimate for upcoming year: Domestic: \$ _____
Foreign: \$ _____

10. Payroll estimate: \$ _____

Specifications:

Requested

Current

11. Limits of Liability: \$ _____ \$ _____

12. Self Insured Retention or Deductible (specify): \$ _____ \$ _____

13. Retro Date (if applicable) _____

14. Present Insurer: _____ Premium: \$ _____

Products and Completed Operations:

15. Completely describe your product(s) and services to be insured and end use. Show the number of years involved in each product, percentage of gross annual sales, and which products you install, service or repair.

Products and Services	Years	Principal End Uses	Install/Service/Repair	% of Gross Sales

16. Products acquired via acquisition or merger: _____

Do you assume liabilities for these products? Yes No If yes, please explain: _____

17. Do you retain the liabilities for any products or operations that you no longer control? Yes No
If yes, please explain: _____

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

19. Have you discontinued any products? Yes No If yes, please explain and include date(s) discontinued: _____

20. Sales History:	<u>Sales</u>	<u>Main Product or Service</u>	<u>Percent of Total</u>
Past 12 months:	_____	_____	_____
1 st previous year:	_____	_____	_____
2 nd previous year:	_____	_____	_____
3 rd previous year:	_____	_____	_____
4 th previous year:	_____	_____	_____

Replacement Parts are what percentage of total sales: _____%

21. Has there been a significant change in product mix? Yes No

22. Do you import products or component parts? Yes No

23. Do you export products or have foreign operations? Yes No

24. Could any of your products be classified as:
a. Pharmaceuticals? Yes No
b. Cosmetics? Yes No

25. Are any of your products sold under another's name or label? Yes No

26. Do you purchase materials or component parts from others? Yes No

27. Could any of your products or services be used on or in connection with:
a. Aircraft or missiles? Yes No
b. Watercraft or offshore operations? Yes No
c. Transportation? Yes No

28. Do you make or handle any product that is explosive, flammable or poisonous either by itself or in combination with other materials? Yes No

29. Do you assemble your products? Yes No
 If assembled by others, do you supervise? Yes No

30. If installed by others, do you supervise or furnish instructions as to installation? Yes No
 If yes, please attach a copy.

31. Percentage of total sales to: Wholesalers: _____ Retailers: _____ Consumers: _____

32. If more than 15% of your goods or services are consumed in any one city, state, or country, please explain and indicate percentage of total sales: _____

33. Supplies and Distributors:
 a. Do you hold them harmless or insured them? Yes No
 b. Do they hold you harmless or insure you? Yes No
 If yes to either above, please explain: _____

Claims History: 5 years or more (attach a currently valued hard copy from prior carriers)

34. Total aggregate losses, from first dollar, including expenses.

Policy Period	No. of Claims	Total Amounts Paid (Indemnity / Expense)	Amount Reserved (Indemnity / Expense)	Total Incurred	Evaluation Date

35. Individual losses valued at \$10,000 or more, from first dollar including expense.

Date of Claim	Product Involved	Total Amounts Paid (Indemnity / Expense)	Amounts Reserved (Indemnity / Expense)	Describe Occurrence and Injury or Damage

36. Are you aware of any other incidents, which may result in claims against you? Yes No
 If yes, please give details: _____

Loss Prevention / Product Design / Quality Control:

- 37. Have your products ever been subject to inquiry or investigation relative to product safety by any governmental agency? If yes, please attach details. Yes No
- 38. Do you have a written products recall plan? If yes, please attach a copy. Yes No
- 39. Have you ever recalled products because of a potential product safety hazard? If yes, attach details indicating percent of recovery. Yes No
- 40. Do you do your own design work? Yes No
- 41. Do you maintain record of design changes and reasons justifying these changes? Yes No
- 42. Are your designs subject to independent external review, testing or certification? If yes, please attach details along with dates. Yes No
- 43. Are your products designed, tested, labeled and manufactured:
 - a. To meet or exceed all government and industry standards? Yes No
 - b. For optimum safety in spite of misuse or abuse? Yes No
- 44. Are written testing procedures followed? Yes No
- 45. How long are quality control and testing records kept? _____
- 46. Do you have a quality control manager responsible only to top management? Yes No
- 47. Supplies and components:
 - a. Are they ordered to your specifications? Yes No
 - b. Have you determined which ones are critical to safety of your final product? Yes No
 - c. List those critical items; indicating whether testing is on a sample basis or on all units:

- d. Are warranties obtained from all suppliers? Yes No

Instructions/Warning/Loss Control/Defense:

- 48. Are instructions, warning labels and advertising texts provided to your customers? Yes No
- 49. Do warning labels comply with federal statutory warning label requirements? Yes No
- 50. Do you provide any specific training/instruction for the ultimate user in the proper use of your product? Yes No
If yes, please describe: _____

- 51. Are instructions, warning, labels and advertising texts subject to review, to assure that they are complete and understandable to the ultimate user, and to avoid overstatement relative to safety or omissions relative to hazards, by:
 - a. Legal counsel? Yes No
 - b. Top management? Yes No
 - c. Other? If yes, please attach details. Yes No

52. Do they expressly disclaim or limit warranties of your products? Yes No

53. Are all warranties and/or disclaims reviewed by legal counsel? Yes No
Please submit copies of all warranties and disclaimers.

54. Explain how you identify your products and parts from similar competitor's products and parts: _____

55. Can you determine, based on available records for all products you have sold:
a. When any given product item was manufactured? Yes No
b. To whom it was sold, and the dates of sale? Yes No
c. Who supplied parts and supplies going into the final product? Yes No

56. Do you maintain copies of old instruction or operations manuals and advertising material? Yes No

57. Accident Procedures:
a. Do you have written procedures for obtaining information about product complaints, accidents and injuries involving your product(s)? Yes No
b. Have you made distributors aware of your desire for prompt notice of all complaints, accidents and injuries involving your product(s)? Yes No
c. Does your procedure provide for examining and preserving any allegedly defective product, with the results of such examination recorded? Yes No
d. Do reports on complaints, accidents, injuries and examination of products involved, go to:
The person responsible for product safety? Yes No
Top Management? Yes No

Please check to ensure that all questions have been answered. Also attach explanations for the questions above that request further information. If any written brochures, labels, instructions or other written statements accompany any products, attach copies.

GENERAL FRAUD STATEMENT

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

Applicant's Signature Date

Agent's or Broker's Name (Please print) Telephone Number Agents Signature

License No. Date