# APPLICATION FOR SPECIFIED PRODUCTS AND COMPLETED OPERATIONS LIABILITY INSURANCE (CLAIMS MADE BASIS)

#### APPLICANT'S INSTRUCTIONS:

- 1. Answer all questions. If the answer to any question is NONE, please state "NONE."
  - 2. Application must be signed and dated by owner, partner or officer.
- 3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.

## (PLEASE TYPE OR PRINT IN INK)

1.	AP	PLICANT															
	a.	Full name of all er	or pre	esent to	o be Nam	ed Insure	ds:										
	b.	Principal business premise address:					(Street)			(County)							
		(City)			(;	(State)			(Zip)								
	c.	Phone:			d. [ ] Corporation [ ] Proprietorship [ ] LLC [ ] Other (che						heck	one)					
	e. Years in business under the present nar										<u></u>						
	f.	Audit contact nam	ne:					Phone:									
2.	РО	LICY															
					URAI						PRESENT NSURANC						
	a.	Limits of Insurance:	: \$		_ Each	_ Each Occurrence _ Aggregate		\$_	Each Occurrence								
				\$				_ Aggı	\$ Aggregate								
	b.	Deductible/S.I.R.:		\$			_			\$_							
	c. Retroactive date:			<u>-</u>													
d. Present Insurer:																	
	e. Has any insurer ever canceled, restricted or refused to renew your products liability insurance? [ ] Yes [ ] No (liability insurance? [ ] Yes [ ] Yes [ ] No (liability insurance? [ ] Yes [ ] Yes [ ] No (liability insurance? [ ] Yes [ ] Yes [ ] No (liability insurance? [ ] Yes [ ] Yes [ ] Yes [ ] No (liability insurance? [ ] Yes [ ]								(If yes								
3.	SPI	PECIFIED PRODUCTS AND COMPLETED OPERATIONS															
a. Only those products and services specified below will be considered for coverage:																	
		Applicant Acts as a				a/an				Does	applicant		Produ	icts so	ld to	:	
		roducts and Services r specific categories)		W	R	ı	MR	No. of years	% of gro		Install?	Repair or service?	W	R	MR	С	0

M - manufacturer W - wholesaler R - retailer I - importer MR - manufacturers rep. C - consumer - direct O - other (describe)

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	b.	(If yes, please attach explanation.)							
	C.								
4.	SA	ALES AND MARKETING							
	a.	Total sales or receipts for all products and services	Next years projection \$	Past 12 months \$					
			1 <sup>st</sup> prior year \$	2 <sup>nd</sup> prior year \$					
		Describe any significant change in product sales mix	between any prior year and nex	kt year's projection:					
	b.	Do you wish to include your customers as additional	insureds with Vendors coverage	e? [ ] Yes [ ] No					
5.	PR	ROCESSING AND QUALITY CONTROL							
	a.	PROCESSING							
		<ol> <li>Do others manufacture, assemble, package or in (If yes, please attach explanation.)</li> </ol>	stall products under your name	or label? [ ] Yes [ ] No					
		<ol> <li>Do you manufacture, assemble, package or install products for others under their name or label? [ ] Yes [ ] No (If yes, please attach explanation.)</li> </ol>							
	b.	QUALITY CONTROL AND RECORDKEEPING							
		1. Do you have a quality control and testing procedu	ure?[]Yes[]No						
	How long are quality control and testing records kept?								
		3. Can you identify your product from those of competitors? [ ] Yes [ ] No							
		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.	LO	OSS PREVENTION, LOSS CONTROL, CLAIM DEFEN	SE						
	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, aclong? years	dvertisements and sales broch	ures? [ ] Yes [ ] No If yes, how					
	d.	Are all instructions, operating manuals, advertisement misunderstandings relative to product safety or intended		eviewed by Legal Counsel to avoid					
	e.	Are your products designed, tested, labeled and man standards? [ ] Yes [ ] No	ufactured to meet or exceed all	applicable government and industry					
	f.	Do you have a specific program to withdraw known or	r suspected defective products f	rom the market? [ ] Yes [ ] No					
	g.	Have you ever recalled or are you considering recal	ling any known or suspected de	efective products from the market?					

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7.	CLAIM HIST	ORY - 5 years inc	cluding any p	redecesso	or compan	ies - insured	or uninsured	Check if none [ ]		
a. Total losses, including any deductible and/or defense. Please attach description of any losses ov								er \$10,000.		
	TOTAL AMOUNTS PAID					UNTS IN SERVE	Date of Loss			
	Year(s)	No. of Claims	BI	PD	BI	PD	Total Incurred	Information		
	, ,									
	b. Are you aware of any other incidents, conditions, circumstances, defects, or suspected defects which may result in claims against you? [ ] Yes [ ] No (If yes, please attach explanation.)									
"C	NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended period option is exercised in accordance with the terms of the policy.									
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact thereto commits a fraudulent insurance act, which is subject to criminal and civil penalties.										
WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., <b>Ten Parkway North, Deerfield, Illinois 60015</b> .										
	Name of Applicant  Title (Officer, partner, etc.)									
SI	gnature of App	Dilcant			D	Date				
	SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.									

(ATTACH BROCHURES, CATALOGS, LABELS, INSTRUCTIONS, SERVICE AGREEMENTS, FINANCIAL DATA)

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# DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE AND ELECTION FORM

	INSURANCE COVERAGE AND ELECTION
RE:	
Risk ID. No.:	

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 (the "Act"), effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act ("Terrorism Coverage"): The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that Terrorism Coverage required to be offered by the Act for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this Terrorism Coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

### SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

### PLEASE ENTER "X" IN ONE OF THE BOXES BELOW AND SIGN AND DATE WHERE INDICATED BELOW.

<u>Florida, Georgia and Oklahoma Applicants</u>: Please be advised that in the event a policy is purchased, the policy premium will include a 1% surcharge for Terrorism Coverage unless you elect to decline Terrorism Coverage. You need to enter an "X" below if you wish to decline Terrorism Coverage.

need to enter	an "X" below if you wish to decline Terro	rism Coverage.				
		rorism Coverage required to be offered under the Act. ill include a 3% surcharge for this coverage.				
	<u> </u>	erage required to be offered under the Act. I understand that e Terrorism Coverage required to be offered under the Act				
Name of App	licant	Title (Officer, partner, etc.)				
Signature of A	Applicant	Date				

SIGNING this Disclosure Notice does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance.