CoverX

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Producer:_____

Producer Is: ☐ Wholesaler ☐ Retailer

Address:_____

_____

Telephone:_____

Fax:_____

Excess & Surplus Lines License No.:_____

Email:_____

Proposed Effective Date:_____

If Renewal, Provide Current Policy No.:_____

Resident or Non-Resident Surplus Lines Licensee Information for Applicant's State of Domicile:

SL License State:_____

SL License No.:_____ SL License Expiration Date:_____

SL Licensee Name:_____

Affiliation with Producer (e.g., Owner, Executive Officer, Employee):_____

SL Licensee Agency Name (if Entity License):_____

APPLICATION FOR SPECIFIED PRODUCTS AND COMPLETED OPERATIONS INSURANCE

APPLICANT'S INSTRUCTIONS:

- Answer all questions. If the answer to any question is NONE, please state "NONE."
- Application must be signed and dated by owner, partner, or officer of Applicant firm.

1. **APPLICANT**:
   a. Full name of all entities to be Named Insured:_____
   _____
   b. Principal Address:_____
   _____
   c. Corporation ☐ Partnership ☐ Proprietorship ☐ Other ☐ _____
   d. Years in business under present name:_____
   e. Describe present or prior affiliation with other firms:_____
   _____

f. Proposed effective date for this insurance:_____

g. Estimate for new policy year: SALES/GROSS RECEIPTS $_____

2. **SPECIFIED PRODUCTS AND COMPLETED OPERATIONS**:

a. Only those products and services specified below will be considered for coverage.

	Applicant acts as:							Does Applicant:		Applicant sells to:				
Product/Service	M	W	R	I	MR	No. Yrs.	% of Gross Sales	Install?	Repair or Service	W	R	MR	C	O
	☐	☐	☐	☐						☐	☐	☐	☐	☐
	☐	☐	☐	☐						☐	☐	☐	☐	☐
	☐	☐	☐	☐						☐	☐	☐	☐	☐
	☐	☐	☐	☐						☐	☐	☐	☐	☐

M= Manufacturer R= Retailer MR= Manufacturers Rep O= Other_____
W= Wholesaler I = Importer C = Consumer Direct

For each product listed above please include, by addendum if necessary, a complete description of the product, including details of the intended use of the product. Also, please attach copies of product brochures or other product advertisements, including stated warranties, guarantees and warning labels or cautionary notices.

b. Have you discontinued, or are you considering discontinuing any product to be covered by this insurance? Yes ☐ No ☐

c. Do you import parts? Yes ☐ No ☐

d. Do you expert products or have foreign operations? Yes ☐ No ☐

e. Are any of your products or services known to be used in conjunction with aircraft/missiles/aerospace? Yes ☐ No ☐

f. Are any of your products or services subject to registration and/or regulation and/or review by any government agency? Yes ☐ No ☐

PLEASE EXPLAIN ANY "YES" ANSWERS:_____

3. **CLAIM HISTORY**: 5 Years or More

a. Total aggregate losses, from the ground up, including defense costs:

Policy Period	# of claims	Loss Paid	Expense Paid	Loss Reserve	Expense Reserve	Total Incurred

b. Describe all losses valued $5,000.00 or more from the ground up, including defense costs:_____

c. Are you aware of any other incidents, conditions, circumstances, defects or suspected defects which may result in claims against you? Yes ☐ No ☐
If yes, give details:_____

4. **SALES AND MARKETING**:

a. Total Sales or Receipts for all products and services:
Past 12 months $_____ 1ST Prior Year $_____ 2nd Prior Year $_____
Describe any significant change in product sales mix between any prior year and next year's projection:_____

b. Distribution of Products by Region: West Coast _____% East Coast _____% Midwest _____%
Southeast _____% Southwest _____% Other _____%

c. Do you wish to provide your customers with Vendors coverage? Yes ☐ No ☐

d. Do you wish to be insured against Purchase Order contractual liability exposure? Yes ☐ No ☐

5. **PROCESSING AND QUALITY CONTROL**:

a. Processing

(1) Do others manufacture, assemble, package or install products under your name or label? Yes ☐ No ☐

(2) Do you manufacture, assemble, package or install products under their name or label? Yes ☐ No ☐

PLEASE EXPLAIN ALL "YES" ANSWERS:_____

b. Quality Control and Record Keeping

(1) How long are quality control and testing records kept?_____
(2) Are written quality control and testing procedures followed? Yes ☐ No ☐
(3) Can you identify your product from those of competitors? Yes ☐ No ☐
(4) Do your records indicate when each product was manufactured? Yes ☐ No ☐
(5) Do your records show to whom and the date each product was sold? Yes ☐ No ☐
(6) Do your records show who supplied the component parts going into your products? Yes ☐ No ☐
(7) Do you require certificates evidencing Products Liability insurance from suppliers? Yes ☐ No ☐

PLEASE EXPLAIN ALL "NO" ANSWERS:_____

LOSS PREVENTION, LOSS CONTROL, CLAIM DEFENSE:

a. Who designs your products?_____

Relationship to Applicant firm:_____

b. Are designs reviewed, tested, and verified by others? Yes ☐ No ☐
If yes, please identify by whom:_____

c. Do you maintain records of changes in designs, advertisements and sales brochures? Yes ☐ No ☐

d. Do you maintain records of changes in product labels? Yes ☐ No ☐

e. Are all instructions, operating manuals, advertisements and warranties periodically reviewed by legal counsel to avoid misunderstanding relative to product safety or intended use? Yes ☐ No ☐

f. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards? Yes ☐ No ☐

g. List your membership in any industry product-standard organizations:_____

h. Do you have a specific program to withdraw known or suspected defective products from the market? Yes ☐ No ☐

i. Have you ever recalled or are you considering recalling any known or suspected defective products from the market? Yes ☐ No ☐

7. **LIMITS**:

		LIMITS REQUESTED	PRESENT INSURANCE ☐ ☐
a.	Limits of Liability:	$_____	$_____
b.	Deductible S.I.R.	$_____	$_____
c.	Retroactive Date:	_____	
d.	Expiring Premium:	$_____	
e.	Present Insurer:	_____	

f. Has any Insurer ever cancelled, restricted or refused to renew your product liability insurance? Yes ☐ No ☐
If yes, please attach details.

State Notices: The following notices are required by the Insurance Department of the indicated states.

NOTICE TO NEW YORK APPLICANTS: 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 MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME. (Note: This notice is required by New York insurance regulations, but may also be a crime in other states.)

NOTICE TO TENNESSEE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO FLORIDA APPLICANTS: 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.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY:

Applicant	Date	Producer	Date

CONTINUED

NOTICE

1. **THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINE" INSURERS.**
2. **THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.**
3. **THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
4. **CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINES INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST.**
5. **FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**
6. **IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY THAT YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

Date: _____

Insured: _____

PRINT RESET SUBMIT