



ECC Insurance Brokers, Inc.

**APPLICATION FOR PRODUCTS
AND COMPLETED OPERATIONS
LIABILITY INSURANCE**

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Applicants Instructions:

1. Answer all questions. If the answer to any question is NONE, please state NONE.
Do not use N/A or Not Applicable.
2. Please read carefully the statement at the end of this application.
3. Please attach the following information:
 - A. Products brochures, catalogs, service agreements, labels, instructions or other written statements
 - B. Latest annual report
 - C. 10K report (if traded publicly)
 - D. Current audited financial statement (or pro forma)
 - E. Additional explanation to questions herein where appropriate

----- **Please Type or Print** -----

1. Applicant

Proposed Effective Date: _____

- A. Full name of all entities of the applicant: _____

- B. Principal address: _____

- C. Contact: _____ Title: _____ Telephone: () _____
- D. Corporation * Partnership * Proprietorship * Other * _____
- E. Years in business under present name: _____
- F. Describe present or prior affiliation with other firms: _____

- G. Estimate for upcoming year: Domestic Sales/Receipts: \$ _____
Foreign Sales/Receipts: \$ _____
- H. Payroll estimate: \$ _____

2. Specifications:

- | | Requested | Present |
|--|-----------|----------|
| A. Limits of Liability | \$ _____ | \$ _____ |
| B. Self-Insured Retention or
Deductible (specify): | \$ _____ | \$ _____ |
| C. Retroactive Date (if applicable): | _____ | _____ |
| D. Present Insurer: _____ and Premium \$ _____ | | |
| E. Has any insurer ever cancelled, restricted, or refused to renew your products liability insurance? Yes * No *. If yes, please attach details. | | |

3. Products and Completed Operations

- A. Describe your products and services. Show the number of years involved with each product; indicate which products you install, service or repair: _____

B. Products acquired via acquisition or merger: _____

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

C. Do you retain liabilities for products or divisions that you no longer control? Yes No
If yes, please explain: _____

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

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

F. Sales History	Sales	Principle Product	Percent
Estimated (next 12 months):	\$ _____	_____	_____
Past 12 months:	\$ _____	_____	_____
1st Previous Year:	\$ _____	_____	_____
2nd Previous Year:	\$ _____	_____	_____
3rd Previous Year:	\$ _____	_____	_____
4th Previous Year:	\$ _____	_____	_____

Replacement Parts are what percentage of total sales? _____ %

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

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

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

J. Could any of your products or services be used on or in connection with:
aircraft/missile/aerospace? Yes No
watercraft or offshore? Yes No
transportation? Yes No

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

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

M. Do you purchase materials or components for others? Yes No

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

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

P. Percent of total sales to: wholesalers _____% / retailers _____% / consumers _____%

Q. Percent of total sales to: East _____% / Midwest _____% / West _____%

R. Suppliers and Distributors:

- i. Do you hold them harmless or insure them? Yes No
- ii. Do they hold you harmless or insure you? Yes No

If yes to either of above, please explain: _____

4. Claim History - 5 years or more (attach a hard copy from prior carriers)

A. Total aggregate losses, from first dollar, including expenses:

Date	Carrier	Policy Period	No. of Claims	Total Amounts Paid		Amount Reserved		Total Incurred
				Indemnity	Expense	Indemnity	Expense	
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

B. Individual losses valued at \$10,000 or more, from first dollar including expenses:

Date of Claim	Product Involved	Describe Occurrence and Injury or Damage	Total Amounts Paid		Amounts Reserved	
			Indemnity	Expense	Indemnity	Expense
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

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: _____

5. Loss Prevention/Product Design/Quality Control

- A. 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
- B. Do you have a written products recall plan? If yes, please attach a copy. Yes No
- C. Have you ever recalled products because of a potential product safety hazard? If yes, attach details indicating percent of recovery. Yes No
- D. Do you do your own design work? Yes No
- E. Do you maintain records of design changes and reasons justifying these changes? Yes No
- F. Are your designs subject to independent external review, testing or certification? (If yes, attach details and dates) Yes No
- G. Are your products designed, tested, labeled and manufactured to meet or exceed all government and industry standards? Yes No
- H. Are written testing procedures followed? Yes No
- I. How long are quality control and testing records kept? _____
- J. Supplies and components:
- i. Are they ordered to your specifications? Yes No
- ii. Have you determined which ones are critical to the safety of your final product? Yes No
- iii. List those critical items, indicating whether testing is on a sample basis or on all units:

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

6. Instructions/Warnings/Loss Control/Defense

- A. Are instructions, warning labels and advertising texts provided to your customers? Yes No
- B. Do you provide any specific training/instruction for the ultimate user in the proper use of your product? Yes No
If yes, please describe: _____

- C. Explain how you identify your products and parts from similar competitors' products and parts:

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D. Can you determine, based on available records for ALL products you have sold:

- i. When any given product item was manufactured? Yes No
- ii. To whom it was sold, and the date of sale? Yes No
- iii. Who supplied parts and supplies going into the final product? Yes No

E. Accident Procedure:

- i. Do you have a written procedure for obtaining information about product complaints, accidents and injuries involving your product(s)? Yes No
- ii. Does your procedure provide for examining and preserving any allegedly defective product, with the results of such examination recorded? Yes No

By signing this application I am attesting to the accuracy of information provided by the applicant. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the coverage, if under binder or policy, is subject to immediate cancellation.

Signature of Applicant: * _____ Date: _____

Title: _____

(Owner, partner, officer)

* Signing this application does not bind the applicant or the company to complete the insurance.

Additional Explanation to the Questions Designated

Question No.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____