



Casualty & Surety, Inc.
100 Corporate Parkway, Suite 350
Birmingham, AL 35242

205.995.0713 Phone
205.995.0862 Fax
WWW.CSIAPEX.COM

Products Liability Application

Insured Must Complete and Sign This Application -

ALL QUESTIONS MUST BE ANSWERED IN FULL-IF NOT APPLICABLE, SO STATE

1. Name of Applicant \_\_\_\_\_

2. Address (Business) \_\_\_\_\_

3. Branch Office Locations \_\_\_\_\_

4. Individual \_\_\_\_\_ Co-Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

5. How many years have you been in business under the present name: \_\_\_\_\_

a.) Have you ceased to manufacture any product during the past five years? \_\_\_ YES \_\_\_ NO
If yes, attach description, sales and losses by year.

b.) Have you or your principals ever engaged in this or similar enterprises under a different name? \_\_\_ YES \_\_\_ NO
If yes, attach full details. \_\_\_\_\_

6. a.) Location of factories or stores at which products are manufactured \_\_\_\_\_

b.) Location of factories or stores from which products are distributed directly by you \_\_\_\_\_

7. a.) Furnish completed description of the product to be insured \_\_\_\_\_

b.) Of what materials or principal components are each of these principally composed? \_\_\_\_\_

8. Do you manufacture the complete product? \_\_\_ YES \_\_\_ NO

If not, what component parts are purchased by you? \_\_\_\_\_

Who are components parts purchased from? \_\_\_\_\_

9. Do assemble the product? \_\_\_ YES \_\_\_ NO

a.) Do you supervise the assembly of the product? \_\_\_ YES \_\_\_ NO

b.) Where is the product assembled? \_\_\_\_\_

10. Do you maintain and/or service the product? \_\_\_ YES \_\_\_ NO

If so, attach full details including copy of your standard written contract and receipts from this source.

11. Do you maintain quality control procedures? \_\_\_ YES \_\_\_ NO

If so, attach a brief outline of such procedures.

12. a.) Do you maintain complete inventory records reflecting shipments and/or delivery to consignees and are serial numbers and/or batch numbers shown on the finished products and on shipment invoices?

b.) Can the date of manufacture of each product be identified by the factory number stamped on it?

c.) Do you keep samples of products involved in your quality control procedures?

If so, how long are samples obtained? \_\_\_\_\_

13. a.) Have you ever recalled any products for any reason? \_\_\_ YES \_\_\_ NO  
 If so, attach details.
- b.) Do you have a products recall plan? \_\_\_ YES \_\_\_ NO  
 If so, attach description.

14. Has your product ever been subjected to any inquiry by any Government Agency concerning the efficiency, adequacy of labeling, hazardous contents, or safety? \_\_\_ YES \_\_\_ NO  
 If so, attach full details and results of such inquiry.

15. Estimate total payroll: \_\_\_\_\_

16. a.) **PRIOR CARRIER AND LOSS HISTORY\*** (past 5 years) SECURED FROM:  Prior Carrier  Assured  
 \*(Fully describe any loss in excess of \$5,000)

Period	Insured & Policy #	Premium	Rate	Deductible	Limit	No. of Losses	
						Claims Paid	Outstanding

b.) Are you aware of any incidents not yet reserved, that may result in claims against you? \_\_\_ YES \_\_\_ NO  
 If yes, attach full description.

c.) Has any Insurance Company or Underwriter ever refused to issue or cancelled your Products Public Liability Insurance? \_\_\_ YES \_\_\_ NO  
 If yes, attach full details.

17. a) Show sales for 5 years with principal products shown on percentage basis:

**Principal Product (Identify)**

	Sales	Name	Percent	# Units
Estimated (next 21 months)	_____	_____	_____	_____
Past 12 Months	_____	_____	_____	_____
1st Previous Year	_____	_____	_____	_____
2nd Previous Year	_____	_____	_____	_____
3rd Previous Year	_____	_____	_____	_____
4th Previous Year	_____	_____	_____	_____

18. a.) Is original installation of such products made by your employees? \_\_\_ YES \_\_\_ NO  
 b.) If not, does the installer supply parts not manufactured by you? \_\_\_ YES \_\_\_ NO  
 Please attach names and location of the installers of additional parts. Furnish a description of such parts

19. Are any of your products inflammable or explosive? \_\_\_ YES \_\_\_ NO  
 If so, attach details.  
 Does the final product contain any known or suspected irritants, of any nature? \_\_\_ YES \_\_\_ NO  
 Does the final product contain any mutagenic or carcinogenic materials? \_\_\_ YES \_\_\_ NO

20. Are any of your products subject to deterioration and if so, over what period of time? \_\_\_\_\_

21. Do you issue guarantees and/or warranties to purchasers? \_\_\_ YES \_\_\_ NO  
 If so, for what period do you guarantee and/or warrant your product? \_\_\_\_\_  
 (Attach full details and copy of your form of guarantee and/or warrant)

22. What products do you distribute in original containers for direct consumption by the consumer? \_\_\_\_\_

23. a.) Do you agree to hold dealers, distributors or suppliers harmless against claims or suits for Personal Injuries or Property Damage in connection with your products?  YES  NO  
 If so, attach an explanation.
- b.) Are any of the above affiliated with you?  YES  NO  
 If so, attach explanation.
- c.) If you are a distributor, are you insured by the manufacturer?  YES  NO

24. In the event your product is accompanied by any written brochures, labels, instructions or other written statements, attach copies.

25. Attach a copy of the most recent annual report. If not available, state reason.

26. What products do you distribute in bulk to wholesalers without any original containers? \_\_\_\_\_

27. If the product involves a bottler of sort or carbonated drinks, what is the total estimated number of fillings? \_\_\_\_\_

28. What materials or products handled by you are poisonous either by themselves or in combination with other materials? \_\_\_\_\_

29. Are you affiliated in any manner with any of your suppliers or distributors?  YES  NO

30. Set forth the percentage distribution of your product:  
 West Coast \_\_\_\_\_ East Coast \_\_\_\_\_ Midwest \_\_\_\_\_ Southwest \_\_\_\_\_ Southeast \_\_\_\_\_

31. Indicate percentage of activity conducted:  Manufacturer  Wholesaler  Retailer  Contractor

32. Indicate percentage of activity of other:  Repackaged  Subcontractor  Other

33. If the product to be insured is a cosmetic, pharmaceutical or edible, do you compound ingredients and package same? \_\_\_\_\_

34. Are any of your products used by any aircraft industry?  YES  NO

35. Limits of liability required: Bodily Injury: \$ \_\_\_\_\_ each person  
 \$ \_\_\_\_\_ each accident  
 Combined Single Limit and Aggregate \$ \_\_\_\_\_ aggregate  
 Property Damage \$ \_\_\_\_\_ each accident  
 \$ \_\_\_\_\_ aggregate  
 Deductible \$ \_\_\_\_\_

Based Rate On:  Sales  Units  Other-Describe \_\_\_\_\_

**Application Warranty:** This application shall not be binding unless and until a policy shall be issued and then only as of the effective date of said policy and in accordance with all terms thereof and the said Applicant hereby covenants and agrees that the foregoing statements and answers are just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and a condition of the insurance, and a warranty on the part of the insured.

It is mutually understood and agreed between the Company and the Applicant that any inspection of premises, operations, or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant in any respect.

\_\_\_\_\_  
 Signature of Producer Date

\_\_\_\_\_  
 Signature of Applicant Date  
 Principal Officer