

Product Liability Application

Full Name of Applicant:	<input type="text"/>	Agent's Name	Texas Partners Insurance Group & Financial Services, LLC
Mailing Address:	<input type="text"/>	Mailing Address:	15001 Walden Rd. Suite 215C Montgomery, TX 77356
Location	<input type="text"/>	Proposed Effective Date:	
Website	<input type="text"/>	From:	<input type="text"/> 12:01 A.M, Standard Time at the address of the Applicant
		To:	<input type="text"/>

Applicant is:

<input type="radio"/> Individual	<input type="radio"/> Joint Venture
<input type="radio"/> Corporation	<input type="radio"/> LLC
<input type="radio"/> Partnership	<input type="radio"/> Other - Specify <input type="text"/>

Business of Applicant is:

<input type="radio"/> Manufacturing	<input type="radio"/> Broker
<input type="radio"/> Distributor	<input type="radio"/> Other - Specify <input type="text"/>
<input type="radio"/> Direct Importer	

Inspection and Audit Information:

Contact Name	<input type="text"/>
Title	<input type="text"/>
Phone Number	<input type="text"/>

1) Years in Business:

2) Description of Operations:

3) Description of all discontinued products and historical sales for each:

4) Description of all acquisitions completed in the last five years:

5) Annual sales:

			Sales	Sales	Sales	Sales	Sales
			United States	Canada	U.K., Ireland & Australia	All Other Countries	Total
Upcoming Year (Estimate)	<input type="text"/> To <input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/> 0
Current Year	<input type="text"/> To <input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/> 0
First Prior Year	<input type="text"/> To <input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/> 0
Second Prior Year	<input type="text"/> To <input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/> 0
Third Prior Year	<input type="text"/> To <input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/> 0
Fourth Prior Year	<input type="text"/> To <input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/> 0

6) If you distribute products manufactured by others:

- a. Do you directly import your final product from a foreign company? YES NO
 If yes, please complete our FOREIGN-MANUFACTURED PRODUCT SUPPLEMENTAL QUESTIONNAIRE.
- b. Do you obtain Certificates of Product Liability Insurance from each of your manufactures/suppliers? YES NO
 If yes, minimum limits of insurance required:
- c. Are you included as an Additional Insured-Vendor under each manufacturer's/supplier's Product Liability insurance? YES NO

7) If you contract the manufacturing or assembly of your final product to others, is any manufacturing or assembly performed by a foreign company? YES NO
 If yes, please complete our FOREIGN-MANUFACTURED PRODUCT SUPPLEMENTAL QUESTIONNAIRE.

8.) If you contract the manufacturing or assembly of your product to a domestic company, do you have a formal written agreement with each sub-manufacturer? YES NO

If yes, please attach those sections of the agreement(s) pertaining to Product Liability and Product Liability insurance.

9.) Do you obtain Certificates of Insurance from all suppliers evidencing Product Liability Insurance? YES NO

If yes, minimum limits of insurance required:

10.) Do you or others on your behalf install, service, repair or maintain your products? YES NO

If yes, list full details below and attach a copy of your standard written contract and estimate the percentage of sales generated by these operations:

11.) Do you maintain formal written quality control and testing procedures? YES NO

12.) How long are quality control testing records kept?

13.) Can you identify your product from those competitors? YES NO

14.) Do you maintain records of the following:

- a. When and where your product was manufactured? YES NO
- b. To whom your product was sold and the date of sale? YES NO
- c. Who supplied the parts and/or supplies going into the product? YES NO
- d. Changes in design? YES NO
- e. Changes in advertising material? YES NO

If yes, how long do you maintain records?

15.) Who designs your products?

16.) Are designs reviewed, tested and verified by others? YES NO

If yes, by whom?

Please list credentials:

17.) Are all warning labels and instructions for use reviewed by outside counsel? YES NO

18.) Are your products subject to any government or industry standards? YES NO

If yes, are your products in full compliance YES NO

Describe the standards and its documentation:

19.) Have you attained ISA 9000, QS 9000 or similar Certification? YES NO

20.) Do you offer training or instruction in the user of your products? YES NO

If yes, do you certify the trainees? YES NO

21.) Do you have a formal written products recall procedure? YES NO

If yes, please provide attached copy.

22.) Have you voluntarily or involuntarily recalled, or are you considering recalling, any known or suspected defective products from the market? YES NO

If yes, please describe.

23.) Do you or others (including your suppliers and contract manufacturers) manufacture, create or use **carbon nanotubes or fullerenes** in any product manufactured, sold or distributed? YES NO

If yes, please describe the end products or component parts in detail.

24.) Are nanoscale materials or nanoparticles **other than carbon nanotubes and fullerenes** used by you or others (including your suppliers and contract manufactures) in the manufacture or creation of any product, or any product, sold or distributed? YES NO

If yes, please describe nanoscale materials, nanoparticles and end products in detail.

25) Five Year carrier loss history (or check here if no insured or uninsured losses in five years):

<u>Policy Period</u>	<u>Carrier</u>	<u>SIR/Ded</u>	<u>Claims Valuation Date</u>	<u># Claims</u>	<u>Reserved</u>	<u>Paid</u>	<u>Total Incurred</u>

26.) Are you aware of any incident, condition, circumstance, defect or suspected defect in any product of work, which may result in a claim or claims against you that are not listed above? YES NO

If yes, please describe.

27.) Are you aware of any complaint or notice filed in the last three years with any governmental agency or industry regulatory body including but not limited to the U.S. Consumer Product Safety Commission concerning your product? YES NO

If yes, please describe.

28.) Are you aware of any study, analysis or trial conducted or being conducted by or on behalf of any governmental agency or industry regulatory body to examine the safety of your product? YES NO

If yes, please describe.

29.) Current Carrier: Limits: Deductible/SIR:

Rate: Premium: Retro Date:

Coverage Form: Occurrence Claims-Made

Is current carrier offering renewal? YES NO

30.) Desired Limits: Deductible/SIR:

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application.

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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Current Date 10/04/2017

Title

If you prefer not to return application with an electronic signature, please print and sign below:

Signature of Applicant or Authorized Representative

Current Date:

Title