



Granite Insurance Services, Inc.

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APPLICATION FOR SPECIFIED PRODUCTS AND COMPLETED OPERATIONS INSURANCE

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 of applicant firm.

(PLEASE TYPE OR PRINT)

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	M R	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 If yes, please describe

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- c. Do you import parts? Yes No
- d. Do you export 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 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 ANY "NO" ANSWERS

6. LOSS PREVENTION, LOSS CONTROL, CLAIM DEFENSE

a. Who designs your products?

Relationship to applicant firm:

b. Are designs reviewed, tested, and verified by others? (if yes, please identify by whom) Yes No

- 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. Is a warning label placed on your products? Yes No
- g. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards? Yes No
- h. List your membership in any industry product-standard organizations

- i. Do you have a specific program to withdraw known or suspected defective products from the market? Yes No
- j. Have you ever recalled or are you considering recalling any known or suspected defective products from the market? Yes No

7. LIMITS

	<u>LIMITS REQUESTED</u>	<u>PRESENT INSURANCE</u>
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.

Signature: _____ Date: _____

Title: _____

ADDITIONAL EXPLANATION TO THE QUESTIONS DESIGNATED
