SCOTTSDALE INSURANCE COMPANY®
Home Office: One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752

Products Liability Application

Applicant's Name _____

Mailing Address _____

_____

Location _____

_____

Agent Name _____

Address _____

_____

PROPOSED EFFECTIVE DATE:

From _____ **To** _____

12:01 A.M., Standard Time at the address of the Applicant.

Applicant is: θ Individual θ Corporation θ Partnership θ Joint Venture θ Other (Specify):_____

LIMITS OF LIABILITY REQUESTED		
COVERAGE	**EACH OCCURRENCE**	**AGGREGATE**
COMBINED SINGLE LIMIT	**$,000**	**$,000**

1. **Deductible desired:** _____

2. **Completely describe product(s) to be specifically insured:** _____

_____

_____

_____

3. **Location(s) at which product(s) are manufactured by the Applicant:** _____

_____

_____

_____

4. **Location(s) from which product(s) are distributed directly by the Applicant:** _____

_____

_____

_____

5. **Of what materials or components is each product principally composed?** _____

_____

_____

6. **Do you compound ingredients?** θ Yes θ No Do you package the product? θ Yes θ No

7. **Are all products sold under your label?** θ Yes θ No If not, describe:_____

_____

8. **Do you manufacture the complete product?** θ Yes θ No If no, what component parts are purchased?

_____

9. **Total number of employees**: _____

10. **Is any of your work subcontracted to others?** θ Yes θ No If so, state type and percentage: _____

_____

11. **Are any parts purchased from foreign manufacturers?** θ Yes θ No If yes, describe:_____

_____

12. **Do you assemble the product?** θ Yes θ No

13. **Has the product been tested by Underwriters Laboratories?** θ Yes θ No Is it UL listed? θ Yes θ No

14. **What percentage of sales are for replacement parts?** _____

15. **Has your product ever been subject to any inquiry or investigation by any governmental agency concerning the efficiency, adequacy of labeling, hazardous contents or safety?** θ Yes θ No If yes, attach full details and result of such inquiry.

16. **Do you maintain and/or service the products?** θ Yes θ No

    a. If yes, attach full details including a copy of your standard written service contract and gross receipts from this source.

    b. Do you maintain complete inventory records of shipments and/or deliveries to consignees? .....θ Yes θ No

    c. Can the date of manufacture of each product be identified by the factory number stamped on it?....θ Yes θ No

    d. Have you ever recalled any of your products for any reason? If yes, attach details. .....θ Yes θ No

    e. Are serial and/or batch numbers shown on the finished product and on shipment invoices?.....θ Yes θ No

    f. Do you keep samples of products involved in your quality control procedures?.....θ Yes θ No
    If yes, how long are samples retained?_____

    g. Do you have a product recall plan? If yes, attach description. .....θ Yes θ No

17. **Is original installation of products performed by your employees?** θ Yes θ No If no, does the installer supply parts not manufactured by you? θ Yes θ No

18. **Are any of your products subject to deterioration?** θ Yes θ No If yes, describe and indicate period of time:_

_____

19. **Are any of your products inflammable or explosive?** θ Yes θ No If yes, attach details.

20. **Do you issue guarantees or warranties to purchasers?** θ Yes θ No If so, for what periods do you guarantee or warrant your products? _____

    Attach full details and copy of your form of guarantee or warranty.

21. **Do you agree to hold dealers, distributors, subcontractors or suppliers harmless against claims or suits for bodily injury or property damage in connection with your products?** θ Yes θ No If yes, attach copies of your standard forms.

22. Are any of the above dealers, etc. affiliated with you? θ Yes θ No If yes, explain: _____

_____

23. If you are a distributor, are you insured by the manufacturer? θ Yes θ No

24. Is your product used by Aircraft or Aerospace Industry? θ Yes θ No

25. How many years have you been in business under the present name? _____ Have any of the principals ever engaged in this or similar enterprises under a different name? θ Yes θ No If yes, attach details.

26. Do you plan to manufacture any new products to be marketed within the next 12 months? θ Yes θ No
If yes, attach description.

27. Have you ceased to manufacture any products during the past 5 years? θ Yes θ No If yes, attach description and sales by year.

28. If any products are accompanied by any written brochure, labels, instructions or other written statements, attach copies.

29. Show sales for 5 years: (Attach list if necessary)

	YEAR	GROSS SALES	PRODUCT NAME
1.	19		
2.	19		
3.	19		
4.	19		
5.	19		

30. What is estimated sales for this year? _____

Give claims history in following form or equivalent (5 years) (Amounts shown should be from the ground up)

		CLAIMS PAID		RESERVES OPEN		
	YEAR	NUMBER	AMOUNT	NUMBER	AMOUNT	INSURER'S NAME
1.	19					
2.	19					
3.	19					
4.	19					
5.	19					

31. Has any insurer ever cancelled or refused to issue or renew your products liability insurance? (Not applicable in Missouri.) θ Yes θ No If yes, why? _____

_____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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 fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING

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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE _____ Date _____
(MUST BE OWNER, PARTNER OR OFFICER)

PRODUCER'S SIGNATURE _____ Date _____

AGENT NAME _____ AGENT LICENSE NUMBER _____
(Applicable to Florida Agents Only.)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE 'NOT APPLICABLE'