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**APPLICATION FOR SPECIFIED
 PRODUCTS AND COMPLETED
 OPERATIONS LIABILITY
 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.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
 (PLEASE TYPE OR PRINT IN INK)

1. APPLICANT

a. Full name of all entities past and/or present to be Named Insureds:

b. Principal Address: _____

City: _____ State: _____ Zip: _____

c. Number of Employees: Full Time: _____ Part Time: _____ Seasonal: _____ Total: _____

d. Corporation Proprietorship LLC Other (check one)

e. Years in business under the present name: _____

f. Website Address: _____

2. POLICY

	INSURANCE REQUESTED		PRESENT INSURANCE	
a. Limits of Insurance:	\$	Each Occurrence	\$	Each Occurrence
	\$	Aggregate	\$	Aggregate
b. Deductible/S.I.R.	\$		\$	

c. If current coverage is claims made, what is the retroactive date: _____

d. Present Insurer: _____

e. Has any insurer ever canceled, restricted or refused to renew your products liability insurance?
 Yes No (If yes, please attach explanation.)

3. SPECIFIED PRODUCTS AND COMPLETED OPERATIONS

a. Only those products and services specified below will be considered for coverage:

Products and Services (or specific categories)	Applicant Acts as a/an					No. of years	% of gross sales	Does applicant		Products sold to:				
	M	W	R	I	MR			Install?	or Repair	W	R	MR	C	O
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M - manufacturer W - wholesaler R - retailer I - importer MR - manufacturers rep. C - consumer/direct O - other (describe)

- b. Have you discontinued or are you considering discontinuing any product to be covered by this insurance?
 Yes No (If yes, please attach explanation.)
- c. Are any of your products or services known to be used in connection with aircraft/missiles/aerospace?
 Yes No (If yes, please attach explanation.)

4. SALES AND MARKETING

- a. Total sales or receipts for all products and services:

Next years projection \$ _____ 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. Do you wish to include your customers as additional insureds with Vendors coverage? 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 (If yes, please attach explanation.)
2. Do you manufacture, assemble, package or install products for others under their name or label?
 Yes No (If yes, please attach explanation.)

- b. QUALITY CONTROL AND RECORDKEEPING

1. Do you have a quality control and testing procedure? Yes No
2. How long are quality control and testing records kept? _____
3. Can you identify your product from those of competitors? Yes No
4. Do your records show to whom and the date each product was sold? Yes No
5. Do you require certificates evidencing Products Liability insurance from suppliers? Yes No

6. LOSS PREVENTION, LOSS CONTROL, CLAIM DEFENSE

- a. Who designs your products? _____
- b. Are designs reviewed, tested and verified by others? Yes No
- c. Do you maintain records of changes in designs, advertisements and sales brochures? Yes No
 If yes, how long? _____ years
- d. Are all instructions, operating manuals, advertisements and warranties periodically reviewed by Legal Counsel to avoid misunderstandings relative to product safety or intended use? Yes No
- e. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards? Yes No
- f. Do you have a specific program to withdraw known or suspected defective products from the market?
 Yes No
- g. Have you ever recalled or are you considering recalling any known or suspected defective products from the market?
 Yes No (If yes, please attach explanation.)

7. CLAIM HISTORY - 5 years including any predecessor companies - insured or uninsured Check if none

a. Total losses, including any deductible and/or defense. Please attach description of any losses over \$10,000.

Year(s)	No. of Claims	TOTAL AMOUNTS PAID		AMOUNTS IN RESERVE		Total Incurred	Date of Loss Information
		BI	PD	BI	PD		

b. Are you aware of any other incidents, conditions, circumstances, defects, or suspected defects which may result in claims against you? Yes No (If yes, please attach explanation.)

NOTICE TO APPLICANT: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact thereto commits a fraudulent insurance act, which is subject to criminal and civil penalties.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

SIGNING this application does not bind the Applicant or the Insurer or Lemac & Associates, Inc. to complete the insurance, but one copy of this application may be attached to the policy, if issued.

(ATTACH BROCHURES, CATALOGS, LABELS, INSTRUCTIONS, SERVICE AGREEMENTS, FINANCIAL DATA)