

Chris-Leef General Agency, Inc.
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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.

Agent: _____

Address: _____

(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. Described present or prior affiliation with other firms: _____

f. Proposed effective date for this insurance: _____

g. Estimate for new policy year: SALES / RECEIPTS \$ _____

2. 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 Repair Or Service?		Products Sold To:				
	M	W	R	I	MR			Install?		W	R	MR	C	O

M=manufacturer R= retailer MR= manufacturers rep. O=other (describe): _____
W=wholesaler I=Importer C=consumer direct _____

b. Have you discontinued or are you considering discontinuing any product to be covered by this insurance? Yes No
 If yes, please describe fully: _____

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| c. Do you import component parts? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do you export products or have foreign operations? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are any of your products or services known to be used in connection with aircraft/missiles/aerospace? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are any of your products or services subject to registration/regulation/review by any government agency? | <input type="checkbox"/> | <input type="checkbox"/> |

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	No. of Claims	TOTAL AMOUNTS PAID		AMOUNTS IN RESERVE		Total Incurred	Date Eval.
		<u>BI</u>	<u>PD</u>	<u>BI</u>	<u>PD</u>		

b. Describe individual 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 claim 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:

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| b. Do you wish to provide your customers with Vendors coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you wish to be Insured against Purchase Order Contractual liability exposures? | <input type="checkbox"/> | <input type="checkbox"/> |

5. PROCESSING AND QUALITY CONTROL: a. Processing YES NO
1. Do others manufacture, assemble, package or Install products under your name or label?
2. Do you manufacture, assemble, package or install products for others under their name of label?

PLEASE EXPLAIN ANY "YES" ANSWERS _____

- b. Quality Control and Recordkeeping YES NO
1. Are written quality control and testing procedures followed?
2. How long are quality control and testing records kept? _____
3. Can you identify your product from those of competitors?
4. Do your records -indicate when each product was manufactured?
5. Do your records show to whom and the date each product was sold?
6. Do your records show who supplied the component parts going into your products?
7. Do you require certificates evidencing Products Liability insurance from suppliers?

PLEASE EXPLAIN ANY "NO" ANSWERS _____

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?
- d. Are all instructions, operating manuals, advertisements and warranties periodically reviewed by Legal Counsel to avoid misunderstandings relative to product safety or intended use?
- e. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards?
- f. List your memberships in any industry product-standard organizations: _____
- g. Do you have a specific program to withdraw known or suspected defective products from the market?
- h. Have you ever recalled or are you considering recalling any known or suspected defective products from the market?

7. INSURANCE REQUESTED PRESENT INSURANCE
- a. Limits of Liability \$ _____ \$ _____
- b. Deductible.S.I.R.: \$ _____ \$ _____
- c. Retroactive date: _____
- d. Present Insurer: _____
- e. Has any insurer ever cancelled, restricted or refused to renew your products liability insurance (NOT APPLICABLE IN THE STATE OF MISSOURI) Yes No
- If yes, please attach details.
- * * * * *

WARRANTY: I warrant 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. I authorize the release of claim Information from any prior insurer to Chris-Leef General Agency, Inc., P.O. Box 3747, Shawnee Mission, Kansas 66203.

Signature of Applicant: _____ Date: _____

Title (officer, partner, etc.)- _____

(Attach brochures, catalogs, labels, Instructions, service agreements, financial data, etc.)