



Patriot National Underwriters, Inc.

Product Liability Application

Applicant Name: _____

Mailing Address: _____

Location: _____

Web Site: _____

Agent's Name: _____

Address: _____

Proposed Effective Date:

From: _____ To: _____
12:01 A.M. Standard Time at the address of the Applicant

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

Business of Applicant is: Manufacturer Distributor Direct Importer Broker Other (Describe)

Contact name, title and phone number for inspection and audit: _____

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-United States	Sales-Foreign	Sales Total
Upcoming Year (Estimate)	_____ to _____		_____	_____	_____
Current Year	_____ to _____		_____	_____	_____
First Prior Year	_____ to _____		_____	_____	_____
Second Prior Year	_____ to _____		_____	_____	_____
Third Prior Year	_____ to _____		_____	_____	_____
Fourth Prior Year	_____ to _____		_____	_____	_____

6. If you distribute products manufactured by others:
- a. Do you directly import any products? Yes No
If yes, please describe the products and provide the corresponding percentage of total sales and countries of origin.
 - b. Do you obtain Certificates of Product Liability Insurance from each of your manufacturers/suppliers? Yes No
 - 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 of your product to others, do you have a formal written Agreement with your sub-manufacturers? Yes No
If yes, please attach those sections of the agreement(s) pertaining to Product Liability and Product Liability insurance.
8. Do you obtain Certificates of Insurance from all suppliers evidencing Product Liability insurance? Yes No
If yes, minimum limits of insurance required: _____
9. Do you or others on your behalf install, service, repair or maintain your products? Yes No
If yes, attach full details including a copy of your standard written contract and estimate the percentage of sales generated by these operations. _____
10. Do you maintain formal written quality control and testing procedures? Yes No
11. How long are quality control and testing records kept? Yes No
12. Can you identify your product from those of competitors? Yes No
13. 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 the records _____
14. Who designs your products? _____
15. Are designs reviewed, tested and verified by others? Yes No
If yes, are your products in full compliance? Yes No
Please list their credentials: _____
16. Are all warning labels and instructions for use reviewed by outside counsel? Yes No
17. 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 the documentation: _____
18. Have you attained ISO 9000, QS 9000 or similar Certification? Yes No
19. Do you offer training or instruction in the use of your products? Yes No
If yes, do you certify the trainees? Yes No
20. Do you have a formal written products recall procedure? Yes No
If yes, attach a copy.
21. 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: _____

22. Five year carrier and loss history:

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

23. Are you aware of any incident, condition, circumstance, defeat or suspected defect in any product or work, which may result in a claim or claims against you that are not listed above? Yes No
 If yes, please attach an explanation.

24. 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 attach an explanation.

25. 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 attach an explanation.

26. Current Carrier: _____ Limits: _____ Deductible/SIR: _____ Rate: _____ Premium: _____
 Coverage Form: _____ Occurrence _____ Claims-Made _____ Retro Date: _____
 Is current carrier offering renewal? Yes No

27. Desired Limits: _____ Deductible/SIR: _____

WARRANTY: It is warranted to Patriot National Underwriters, Inc., that the information contained herein is true and that is shall be the basis of the Policy of insurance and deemed incorporated therein should be the Company evidence its acceptance of the application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to Patriot National Underwriters, Inc.

 Applicant's Signature Title Date

 Applicant's Printed Name