



## Products and Completed Operations Liability Insurance Application

COMPLETE IN ADDITION TO ACORD APPLICATIONS.  
ATTACH ADDITIONAL SHEETS AS NECESSARY.  
ANSWER ALL QUESTIONS. IF NOT APPLICABLE, INDICATE N/A

**APPLICANT INFORMATION:**

1. Full Name of Applicant: \_\_\_\_\_

2. Website Address: \_\_\_\_\_

3. Applicant is a:

Corporation

Partnership

Sole Proprietorship

Limited Liability Corporation

Other: \_\_\_\_\_

4. Please provide a brief description of operations:

\_\_\_\_\_

\_\_\_\_\_

**SPECIFIED PRODUCTS AND COMPLETED OPERATIONS:**

1. Please complete table:

Products and Goods (or specific categories)	Applicant Acts as a					No. of Years	% of Gross Receipts	Does Applicant		Products and Goods Sold to:			
	M	W	R	I	MR			Install?	Repair or Service?	W	R	C	O

M: manufacturer W: wholesaler R: retailer I: importer MR: manufacturer's rep C: consumer direct O: Other \_\_\_\_\_

2. Total gross receipts from all products, goods and services listed in Part II, Question I. hereinabove:

(a) Estimated annual gross receipts for the coming year: \$ \_\_\_\_\_

(b) Annual gross receipts last twelve months: Year: \_\_\_\_\_ \$ \_\_\_\_\_

3. Top Five Customers or Industries Served:

Customer or Industry #1: \_\_\_\_\_

Customer or Industry #2: \_\_\_\_\_



Customer or Industry #3: \_\_\_\_\_

Customer or Industry #4: \_\_\_\_\_

Customer or Industry #5: \_\_\_\_\_

4. Are any of your products used in the following industries? Check all that apply.

- |                                  |                       |                            |
|----------------------------------|-----------------------|----------------------------|
| Pharmaceutical/Nutraceutical     | Medical Devices       | Energy Sector/Offshore     |
| Cannabis, Marijuana, CBD/Hemp    | Electronic Cigarettes | Aviation/Aerospace, Drones |
| Firearms, Ammunition, Ballistics | Amusement Devices     |                            |

5. Who designs your products? \_\_\_\_\_

6. Do you require copies of certificates evidencing design or Architects and Engineers Errors & Omissions insurance to be kept in your files?	Yes	No
If yes, are you named as an additional insured on the Architects and Engineers E&O policy?	Yes	No
If yes, will you receive 30 days Notice of Cancellation if the E&O policy is cancelled?	Yes	No

7. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards?	Yes	No
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8. Do you have a quality control program?	Yes	No
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9. Which of the following elements does your quality control program include:		
a. Written specifications/requirements for suppliers of raw materials and/or components?	Yes	No
b. Tests of materials and components received from suppliers to determine conformance?	Yes	No
c. Are products tested at various stages to verify conformance with written standards?	Yes	No
d. Are finished products tested to verify they meet performance requirements?	Yes	No
e. Do you retain your records of test results?	Yes	No
f. How long do you retain your records? _____		

10. Do your records indicate when each product was manufactured?	Yes	No
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11. Do your records show to whom and the date each product was sold?	Yes	No
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12. Do your records show who supplied the component parts going into your products?	Yes	No
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13. Do you require certificates from your suppliers evidencing products liability insurance?	Yes	No
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14. Are you ISO 9000 (9001, 9002, 9004) and/or QS9000 registered?	Yes	No
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If yes, who is the Registrar (i.e. TUV)? \_\_\_\_\_

15. Are products UL approved?	Yes	No
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16. Do you ever draw plans, designs or specifications for any product(s) for others?	Yes	No
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If yes, do you carry Design or Architects and Engineers Errors & Omissions Insurance?	Yes	No
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17. Does legal counsel review all instructions, operating manuals, advertisements and warranties to avoid misunderstandings relative to product safety or intended use?	Yes	No
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18. Do you maintain records of changes in designs, advertisements and sales brochures?	Yes	No
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19. Do you have a specific program to withdraw known or suspected defective products from the market? Yes      No
20. Have you ever recalled (either voluntarily or involuntarily) or are you considering recalling any known or suspected defective products from the market? Yes      No
- If yes, please furnish details: \_\_\_\_\_

### FRAUD WARNINGS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.) **(Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NM, NY, OK, OR, PA, PR, RI, TN, VA, WA, WV)**

**Applicable in Alabama, Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, and West Virginia:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**Applicable in California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in Florida and Oklahoma:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony. (In FL, a person is guilty of a felony of the third degree.)

**Applicable in Kansas:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Applicable in Maine, Tennessee, Virginia and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Applicable in Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.



**REPRESENTATIONS**

Verus Underwriting Managers, a Berkley Company, is authorized to make any inquiry in connection with this application. Signing this application does not bind Verus Underwriting Managers or the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application, and all previous applications and material changes thereto of which Verus Underwriting Managers or the Company receives notice is on file with Verus Underwriting Managers and is considered physically attached to and part of the policy if issued. Verus Underwriting Managers and the Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Verus Underwriting Managers, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**WARRANTY**

I/We warrant to Verus Underwriting Managers and the Company, that I/We 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 and deemed incorporated therein, should Verus Underwriting Managers and the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Verus Underwriting Managers or the Company.

It is understood and agreed that prior to the inception date of the policy no applicant knew, nor could have reasonably foreseen, any negligent act, error or omission or breach of professional duty, or personal injury or other circumstances that reasonably might result in a Claim covered by this policy.

<b>Name of Applicant:</b>		
<b>Signature of person authorized to execute on behalf of the</b>		<b>Date:</b>
<b>Print Name and Title of person authorized to execute on behalf of the applicant:</b>		
<b>Name and address of Broker:</b>		

**A copy of this application should be retained for your records.**