

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
 If yes, minimum limits of insurance required: _____

c. Are you included as an Additional Insured-Vendor under each manufacturer's/supplier's Product Liability insurance? Yes No

25. Are you aware of any incident, condition, circumstance, defect 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.

26. 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.

27. 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.

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

29. Desired Limits: _____ Deductible/SIR: _____

WARRANTY: It is warranted to Admiral Insurance Company 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 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 Admiral Insurance Company.

Applicant's Signature Title Date

Applicant's Printed Name