

EDGEHILL SPECIAL RISK

P.O. Box 1856, Horsham, PA 19044 * Phone (215) 674-8112 * Fax (215) 674-8115

PRODUCT LIABILITY APPLICATION

1. APPLICANT

- a. Full Name: _____
- b. Principal Address: _____
- c. Individual ● Partnership ● Corporation ● Other ●
- d. Manufacturer ● Wholesaler ● Retailer ● Importer ● Exporter ●
- e. Years in business under present name: _____
- f. Prior experience in this business under another name: _____
- g. Present affiliation with other firms: _____
- h. Sales and Receipts estimated for new policy year: _____

2. PRODUCTS AND COMPLETED OPERATIONS

Describe your products and services. Include and identify: those acquired via acquisition or merger, those planned for introduction in next 12 months, and those previously discontinued and date discontinued. Show number of years involved with each product; indicate which products you install, service or repair:

Products and Services	Years Involved	Principal End Use	% of Gross Annual Sales \$

(Attach brochures, catalogs, labels, instruction manuals, annual reports, D&B Product Surveys, etc.)

3. CLAIM HISTORY-5 years or more

- a. Total aggregate losses, from the ground up, including defense costs:

Policy Period	No. of Claims	Total Amount Paid BI	PD	Amounts in Reserve BI	PD	Total Incurred	Date Eval.

- b. Individual losses, valued \$5,000 or more from the ground up, including defense costs:

Date of Occur.	Product Involved	Year Mfgd.	Describe Occurrence And Injury of Damage	Amount Paid & Reserved	Date Eval.

- c. Are you aware of any other incidents that may result in claims against you? Yes ● No ● If yes, give details:

- | | | |
|--|-----|----|
| | Yes | No |
| i. Do you hold them harmless or insure them? | — | — |
| ii. Do they hold you harmless or insure you? | — | — |
- If yes in either i. or ii. Above, please explain.
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7. LOSS PREVENTION

- a. Have your products ever been subject to inquiry or investigation relative to product safety by any governmental agency?
Yes ● No ● If yes, attach details.
- b. Do you have a written products recall plan? Yes ● No ● If yes, please attach.
- c. Have you ever recalled products because of a potential product safety hazard. Yes ● No ● If yes, attach details and indicate percentage of recovery.
- d. Has your management issued a written policy statement on product safety which has been communicated to all employees? Yes ● No ● If yes, please attach.
- e. Do you have a written products safety program for which specific individuals have responsibility for implementation?
Yes ● No ● If yes, attach copy or outline.

8. PRODUCT DESIGN

- | | | |
|---|-----|----|
| | Yes | No |
| a. Do you own your own design work? | — | — |
| b. Do you maintain records of design changes and reasons justifying these changes? | — | — |
| c. Are your designs subject to independent external review, testing or certification?
If so, attach details and dates. | — | — |
| d. Are your products designed, tested, labeled and manufactured: | | |
| i. To meet or exceed all government and industry standards? | — | — |
| ii. For optimum safety in spite of misuse or abuse? | — | — |

9. QUALITY CONTROL AND TESTING

- | | | |
|--|-----|----|
| | Yes | No |
| a. Are written testing procedures followed? | — | — |
| b. Do you have a quality control manager responsible only to top management? | — | — |
| c. Supplies and components: | | |
| i. Are they ordered to your specifications? | — | — |
| ii. Have you determined which ones are critical to the safety of your final product? | — | — |
| iii. List those critical items, indicating whether testing is on a sample basis or on all units. | | |

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- | | | |
|---|---|---|
| iv. Are warranties obtained from all suppliers? | — | — |
|---|---|---|
- d. Final Products:
- i. Briefly describe tests applied before sale
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- ii. What percentage is tested? _____
- iii. Are records of results of quality control tests kept so that you can identify at a later date what tests you applied to a given product at a given time? Yes ● No ●
- iv. How far back do your records go? (give date) _____

10. INSTRUCTIONS/WARNING/ADVERTISING/WARRANTIES

- | | | |
|--|-----|----|
| | Yes | No |
| a. Are hazards inherent in the final product, and warnings against foreseeable misuse and Abuse, made known to the ultimate user by: | | |
| i. Warning labels at the point of hazard? | — | — |
| ii. Written instructions? | — | — |
| iii. Other means? (attach details) | — | — |
| b. Are instructions, warnings, labels, and advertising texts subject to review, to assure that they are complete and understandable to the ultimate user, and avoid overstatement relative to safety, or omissions relative to hazards by: | | |

SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY OR THE PRODUCER TO COMPLETE THE INSURANCE. Application MUST be signed by the applicant and dated to be considered for quotation.

Question #	ADDITIONAL EXPLANATION TO THE QUESTIONS DESIGNATED