



Please fax completed applications to 1-800-915-3922

Or E-mail to ciglesias@sabalinsurance.com

Application for Product Liability

GENERAL INFORMATION:

Legal Name & DBA: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone: _____ Fax: _____ Contact: _____ Email Address: _____

Corporate Structure (check one): Proprietorship Partnership Corporation Other: _____

Year Business Established: _____ Requested policy period: ____/____/____ to ____/____/____

PRODUCT INFORMATION:

Brief description of operations: _____

Description of all discontinued products and historical sales for each: _____

Any acquisitions in the past 5 years? Yes No (If "Yes," please attach explanation on a separate sheet of paper.)

If you distribute products manufactured by others:

Do you directly import any products? Yes No

(If "Yes," please describe products and provide corresponding sales and countries of origin on separate sheet)

Do you obtain Certificates of Product Liability Insurance from each of your manufacturers/suppliers? Yes No

Are you included as an Additional Insured under each manufacturer's/supplier's Product Liability? Yes No

Do you obtain Certificates of Insurance from all suppliers evidencing Product Liability insurance? Yes No

Do you or others on your behalf install, service, repair or maintain your products? Yes No

Can you identify your product from those of competitors? Yes No

Do you maintain records of when and where your product was manufactured? Yes No

Do you maintain records of to whom your product was sold and the date of sale? Yes No

Who designs your products? _____

Are designs reviewed, tested and verified by others? Yes No If "Yes," by whom: _____

Are all warning labels and instructions for use reviewed by outside counsel? Yes No

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: _____

Have you attained ISO 9002, QS 9000 or similar Certification? Yes No

Do you offer training or instruction in the use of your products? Yes No

If "Yes," do you certify the trainees? Yes No

Do you have a formal written products recall procedure? (If "Yes," attach copy) Yes No

Have you voluntarily or involuntarily recalled, or are considering recalling, any known or suspended defective products

from the market? If "Yes," please describe on separate sheet. Yes No

Are you aware of any incident, condition, circumstance, defect in any product of work, which may result in a claim or claims against you?

If "Yes," please explain on a separate sheet. Yes No

Are you aware of any complaint or notice filed in the last three years with any industry regulatory body including but not limited to the U.S. Consumer Product Safety Commissioner concerning your product? If "Yes," please explain on a separate sheet Yes No

Current Carrier: _____ Limits: _____ Deductible: _____ Premium: _____

Coverage Form: Occurrence / Claims-Made Retro Date: _____

Desired Limits: _____ Deductible: _____

ANNUAL SALES	Sales – United States	Sales – Foreign*	Sales - Total
Upcoming Year (Est) ____ to ____			
Current Year ____ to ____			
First Prior Year ____ to ____			
Second Prior Year ____ to ____			
Third Prior Year ____ to ____			
Fourth Prior Year ____ to ____			

*If any foreign sales, list countries where your product is sold: _____

Signature/Name of Authorized Representative

Date