

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Application  
For  
**Product Liability /  
Discontinued Products**

1. Name of Applicant \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Applicant's Web Site Address \_\_\_\_\_ Tel. # \_\_\_\_\_

2.  Individual  Corporation  Partnership  Other (Explain) \_\_\_\_\_

3. Number of years in business (under present name) \_\_\_\_\_ 4. Proposed Effective Date \_\_\_\_\_

5. Receipts expected during coming policy period \$ \_\_\_\_\_  
 Receipts past 4 years: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

List all products to be insured	ISO Class Code	Applicant Acts as A/An:					Does Applicant Install? Repair or Service?	Products Sold To:						
		M	W	R	I	MR		W	R	MR	C	O		

M = Manufacturer    R = Retailer    MR = Manufacturers Rep    O = Other (Describe) \_\_\_\_\_  
 W = Wholesaler    I = Importer    C = Consumer=Direct

7. List the final user of the product(s): (Attach list if necessary) \_\_\_\_\_

8. Has applicant had previous insurance for this enterprise in the past 3 years?  Yes  No  
 If yes, complete the following:

9. Please provide prior insurance information. If none, check here.

Insurance Company	Policy Period	Limits of Liability	If Claims-made, retrodate?	Claims (Attach recently valued, hard-copy company loss runs)

10. Has applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or non-renewed in the past three years?  Yes  No

11. Is applicant engaged in, owned by, associated with or involved in any other enterprise?  Yes  No

12. Have any of the principals ever engaged in this or similar enterprises under a different name?  Yes  No

**GENERAL PRODUCT INFORMATION - Complete #38 for answers needing additional information.**

13. Do you or others design the product? Explain \_\_\_\_\_

14. Do you or others assemble the product? Explain \_\_\_\_\_

15. Is product a component of another product?  Yes  No  
Describe \_\_\_\_\_
16. Do others package the product?  Yes  No  
Are products sold under label of others?  Yes  No  
If yes, provide details \_\_\_\_\_
17. What is the expected shelf life (# of years) of the products? \_\_\_\_\_
18. Have any products been discontinued or changed?  Yes  No  
If yes, provide details \_\_\_\_\_
- 19a. Does the applicant use independent contractors or subcontractors?  Yes  No
- 19b. Provide details of work performed by independent contractors or subcontractors. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 19c. Does applicant require certificates of insurance from independent contractors/subcontractors?  Yes  No  
What limit? \_\_\_\_\_ Are you named as an additional insured?  Yes  No
20. Are any of your products flammable or explosive?  Yes  No  
If yes, attach details and methods of storage/disposal.
21. Have any products you manufacture or distribute been subject to any inquiry or investigation by any governmental agency concerning the hazardous contents, safety, efficiency or adequacy of labeling?  Yes  No  
If yes, attach result of such inquiry and full details.
22. Are your products subject to US Governmental approval?  Yes  No  
If so, by which agency? \_\_\_\_\_
23. Have the products been tested by Underwriters Laboratories?  Yes  No  
Do all carry UL label?  Yes  No  
If no, provide details \_\_\_\_\_
- 24a. Do you maintain and/or service the products?  Yes  No
- 24b. If yes, attach full details including copy of your standard written service contract and gross receipts from this source.
25. Do you maintain complete inventory records or shipments and/or deliveries to consignees?  Yes  No
26. Can the date of manufacture of each product be identified by the factory number stamped on it?  Yes  No
27. Have you ever recalled any of your products for any reason?  Yes  No  
If yes, need reason. \_\_\_\_\_
28. Are serial and/or batch numbers shown on the finished product and on shipment invoices?  Yes  No
29. Do you keep samples of products involved in your quality control procedures?  Yes  No  
How long are samples retained? \_\_\_\_\_
30. Do you have a products recall plan? If yes, attach description.  Yes  No

31. Is a Research & Development department maintained?  Yes  No
32. Do you issue guarantees or warranties to purchasers? If yes, attach copy.  Yes  No  
If so, for what periods do you guarantee or warrant your products? \_\_\_\_\_
- 33a. Do you agree to hold dealers, distributors or suppliers harmless against claims or suits for bodily injury or property damage in connection with your products?  Yes  No
- 33b. Are any of the above dealers, distributors, or suppliers affiliated with you?  Yes  No
34. If you are a distributor, are you insured by the manufacturer?  Yes  No
- 35a. Where are your products manufactured? \_\_\_\_\_
- 35b. List and describe any parts purchased from foreign manufacturers. \_\_\_\_\_  
\_\_\_\_\_
- 35c. Does the manufacturer name you as an additional insured?  Yes  No
36. Is your product used by the aircraft industry?  Yes  No  
If yes, provide details \_\_\_\_\_
37. Do you plan to manufacture any new products to be marketed within the next 12 months?  Yes  No  
If yes, provide details \_\_\_\_\_

38. Any answers needing additional comments complete below:

Question #	Comments

(If additional space is needed, use back of form).

39. Additional Insureds – Give name and describe interests (i.e. vendors, building owner, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

40. Coverage Requested                      Limits of Liability Requested                      Deductible Requested  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

41. **Attach copies of brochures, labels, material safety data sheets, directions or warnings that accompany any products.**

Effective Dates Desired: From \_\_\_\_\_ To \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Producing Agent: \_\_\_\_\_