

Agency Name:
 Address:
 Contact Name:
 Phone:
 Fax:
 Email:

Discontinued Products Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____
 _____ Web Address _____

Applicant Location Address: _____ Years in Business under this name _____
 _____ Proposed Policy Period - From _____ to _____

If applicant is a subsidiary of another entity, list parent company name and % owned: _____

If applicant has subsidiaries, list subsidiary company name(s) and % owned: _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Coverage is being applied for due to (Check all that apply):

Acquisition Business Shutdown Merger Sale Single Product Discontinuance Other (Describe): _____

UNDERWRITING INFORMATION

1. Business of Applicant is: Manufacturer Distributor Direct Importer Other _____

2. Description of Operations _____

3. Complete the following for each product to be covered:

PRODUCT DESCRIPTION (Include Brand/Trade name)	YEARS IN MARKET	# OF UNITS IN MARKET	% OF GROSS SALES	LIFE CYCLE (in years)	REASON FOR DISCONTINUANCE

4. Sales History for Products listed in #3. above	YEARS	SALES		
		UNITED STATES	FOREIGN	TOTAL
Last Year	to			
2 nd Year Prior	to			
3 rd Year Prior	to			
4 th Year Prior	to			
5 th Year Prior	to			

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

UNDERWRITING INFORMATION (Continued)

5. Any products used in connection with aircraft, missiles, nuclear installations or watercraft? Yes No
 If yes, describe: _____
6. Any products explosive, flammable or poisonous? Yes No
 If yes, describe: _____
7. Any foreign products distributed in the USA or used as components in the Applicant's products? Yes No
 If yes, describe: _____
8. Have any products manufactured, installed or distributed contained asbestos or lead? Yes No
 If yes, describe: _____
9. Any products withdrawn or recalled? Yes No
 If yes, describe: _____
10. Provide the name and Industry of the three largest customers: _____

11. If entity is being sold, outline details contained in any contract regarding who is responsible for claims arising out of existing inventory and claims involving product currently in the marketplace: _____

12. Desired Limits: _____ Deductible / SIR: _____

PRIOR CARRIER HISTORY (attach additional pages if necessary)

<u>Insurance Company</u>	<u>Limits</u>	<u>Deductible Amount</u>	<u>Policy Period</u>	<u>Coverage</u>	<u>Premium</u>
	Occ: Agg:		From: To:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made Retro Date:	
	Occ: Agg:		From: To:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made Retro Date:	
	Occ: Agg:		From: To:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made Retro Date:	
	Occ: Agg:		From: To:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made Retro Date:	
	Occ: Agg:		From: To:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made Retro Date:	

Has any carrier cancelled or refused to renew products liability or a portion thereof? Yes No
 If yes, explain: _____

LOSS HISTORY (attach additional pages if necessary)

1. Have there been any losses, claims, legal actions or suits against the Applicant in the last five years? Yes No
 If yes, complete the below or provide currently valued loss runs

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

LOSS HISTORY (Continued)

- 2. Has the Applicant had any settlements or judgments that are sealed and not disclosed in this application? Yes No
- 3. Is the Applicant currently involved in any litigation or investigation by any governmental body? Yes No
- 4. Is the Applicant aware of any complaint or notice filed in the last three years with any governmental agency or industry regulatory body to examine the safety of their product?..... Yes No
- 5. Is the Applicant aware of any circumstances, injuries or offenses which have yet to result in a claim or suit being filed, including losses arising out of discontinued or sold operations or from products no longer manufactured? Yes No

If 'Yes' to any of the above questions, please provide details here: _____

LOSS PREVENTION / QUALITY CONTROL

- 1. Does the Applicant currently have in place a formal Loss Prevention Program? Yes No
If yes, attach a copy of the program or explain below: _____

2. Describe Quality Control Measures: _____

- 3. Does the Applicant have in place a formal Recall Plan? Yes No
If yes, attach a copy of the program or explain below: _____

4. Have warning labels, manuals and advertising materials been reviewed by legal counsel? Yes No

5. Describe how to identify Applicant's products from competitor's products at time of loss: _____

6. Describe how to identify date of manufacture of Applicant's products at time of loss: _____

7. Describe formal plans for handling complaints and claims: _____

8. Attach copies of brochures, labels or warnings that accompany products (if available)

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT – FOR THE STATE(S) OF:

Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:

NOTICE: In some states, any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution,*) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Maine, Tennessee, Virginia, 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.

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents 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.

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.

Florida

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 of the third degree.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Hawaii

Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Idaho

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Minnesota

Any person who files a claim with intent to defraud or help commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

Producer's Signature

Date

Applicant's Signature

Date