

KAIGLER & COMPANY

7028 Church Street East, Suite 202
Brentwood, TN 37027

Phone: (615) 376-0798
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PRODUCTS LIABILITY APPLICATION

EFFECTIVE DATE: _____

1. Name of Applicant, including all subsidiary companies and trade names:

2. Mailing Address _____

3. (A) Limits Desired _____

(B) Deductible/Self-Insured Retention Desired: _____

4. Applicant is: ___% Mfg ___% Distributor ___% Importer ___% Other (Explain)

5. Applicant is: ___ Individual ___ Partnership ___ Corporation ___ Other _____

6. (A) How many years have you been in business under the present name? _____

(B) Have you ceased to manufacture any product in the past 5 years? _____
If yes, attach: (a) description; (b) sales; (c) losses by year

(C) Have you or your principals ever engaged in this or similar enterprise under a different name? _____ If yes, attach full details.

7. (A) Location(s) at which you manufacture

(B) Location(s) from which products are distributed directly by you:

8. Furnish complete description of the manufacturing process: _____

9. Do you maintain and/or service your product? _____ If yes, attach full details including a copy of your standard written contract and receipts
10. Do you maintain quality control procedures? _____ If yes, attach a brief outline of such procedures.
11. (A) Do you maintain complete inventory records reflecting shipments and/or delivery to consignees? _____
- (B) Are serial numbers and/or batch numbers shown on finished products? _____ Are they shown on shipment invoices? _____
- (C) Can the date of manufacture of each product be identified by the factory number stamped on it? _____
12. (A) Have you ever recalled products for any reason? _____ If yes, attach details.
- (B) Do you have a product recall plan? _____ If yes, attach description
- (C) Do you have any new proposed products for introduction during the ensuing year? _____
13. Has your product ever been subjected to any inquiry by any Government Agency concerning the efficiency, adequacy or labeling, hazardous contents or safety? _____
14. Are all products designed by the applicant? _____
15. Do you issue guarantees and/or warranties to purchasers? _____ If yes, for what period of time do you guarantee and/or warrant your products? _____
16. Do you agree to hold dealers, distributors or suppliers harmless against claims or suits for Personal Injuries or Property Damage in connection with your products? _____ If yes, do you wish to add these vendors to your coverage as an Additional Insured? _____

17. Sales/Receipts for all products and services:

| | Sales/Receipts | Payroll | No. of Units |
|--------------------------------|-----------------------|----------------|---------------------|
| (A) Est. for Next 12 months | _____ | _____ | _____ |
| (B) Current Year | _____ | _____ | _____ |
| (C) 1 st Prior Year | _____ | _____ | _____ |
| (D) 2 nd Prior Year | _____ | _____ | _____ |

23. Are you aware of any incidents, not yet reserved, which could result in claims against you? _____
If yes, please provide details.

24. Engineering: In order that we may make a physical inspection of the applicant's premises please
provide: Contact Name _____ Title: _____ Phone: _____

25. Our product is built to the following standards:

26. Please attach the following items: (A) Copy of most recent Financial Statement
(B) Original Product Brochures

It is expressly agreed that should the insurance be effective, the statements contained in the above application shall form the basis of the policy and the applicant warrants all such statements to be true and correct to the best of his knowledge.

Dated at _____ this _____ day of _____, 20____

(Name of Applicant)

(Signed By)

(Title)

(Producer)

(Date)