

PRODUCT LIABILITY APPLICATION

Please type or print. All questions must be answered. If not applicable, so state.

Attach current financials, any brochures, labels, instructions or other written statements.

APPLICANT

Name of Applicant:	
Principal Address:	
Select One:	
Select One:	
Years in business under present name?	
Prior experience in this business under another name?	
Present affiliation with other firms?	
Sales and receipts estimated for new policy year?	

PRODUCTS AND COMPLETED OPERATIONS

List your products and services. Include and identify: those acquired via acquisition or merger, those planned for introduction in the 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 Uses	% of Gross Annual Sales

CLAIMS HISTORY

Year	Paid Claims # Amount	Reserves # Amount	# Payment Expenses	# Closed Claims

Are you aware of any incidents, not yet reserved, that may result in claims against you? Yes No

Attach summary of each claim exceeding \$5,000 in payment or reserve.

LIG Marine Managers

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SALES HISTORY – for principal product or service, indicate.

	Total Sales or Receipts	Products or Services	% of Total Sales	Number Units Sold
Past 12 Months				
1 st Prior Year				
2 nd Prior Year				
3 rd Prior Year				
4 th Prior Year				
5 th Prior Year				
Replacement parts are what percentage of sales?			%	
Do you import products or component parts?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you export products or have foreign operations?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Could any of your products or services be used on or in connection with:				
Aircraft / Missile / Aerospace?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Watercraft or Offshore?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Transportation?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you make or handle any product that is explosive, flammable or poisonous either by itself or in combination with other materials?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Could any of your products be classified as:				
Pharmaceuticals?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Cosmetics?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are any of your products sold under another's name or label?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you purchase materials or components from others?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please explain all of the above "YES" answers:				

PROCESSING

Do others assemble your products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If assembled by others, do you supervise?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If installed by others, do you supervise or furnish instruction as to installation? If so, please attach copies.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you maintain and service your products, attach a copy of your standard service contract.	
Who packages your products?	
Who designs your packaging?	
Who supplies the packaging materials?	
How are they packed when sold?	
Is any sterile packaging involved?	
Do you package for others?	
Do you package under trade names other than yours?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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MARKETING

Percentage of total sales to:	Wholesalers: Retailers: Consumers:
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LOSS PREVENTION

Have your products ever been subject to inquiry or investigation relative to product safety by any governmental agency?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach details.
Do you have a written products recall plan?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach details.
Have you ever recalled products because of a potential product safety hazard?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach details and indicate percent of recovery.
Has your management issued a written statement on product safety, which has been communicated to all employees?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach.
Do you have a written products safety program to show which individuals have responsibility for implementation?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach copy or outline.

PRODUCT DESIGN

Do you do your own design work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you maintain records of design changes and reasons justifying these changes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are your designs subject to independent external review, testing or certification?	Yes <input type="checkbox"/> No <input type="checkbox"/> If so, attach details and dates.
Are your products designed, tested, labeled and manufactured to meet or exceed all government industry standards?	Yes <input type="checkbox"/> No <input type="checkbox"/>

QUALITY CONTROL AND TESTING

Are written testing procedures followed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a quality control manager responsible only to top management?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Supplies and Components:	
Are warranties obtained from all suppliers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are suppliers and components ordered to your specifications?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you determined which are critical to the safety of your final product?	Yes <input type="checkbox"/> No <input type="checkbox"/>
List those critical items, indicating whether testing is on a sample basis or on all units?	
Final Products:	
Briefly describe tests applied before sale:	
What percentages are tested?	%
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 <input type="checkbox"/> No <input type="checkbox"/>
How far back do your records go? Give date:	



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INSTRUCTIONS / WARNINGS / ADVERTISING / WARRANTIES

Are hazards inherent in the final product, and warnings against foreseeable misuse and abuse, made known to the ultimate user by:

Warning labels at the point of hazards?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Written instructions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other means?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach details.

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:

Legal council?	
Top management?	
Do you expressly disclaim or limit warranties for your product?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does legal council review all warranties and / or disclaimers?	Yes <input type="checkbox"/> No <input type="checkbox"/> Submit copies of all warranties and disclaimers.
Are salesmen and distributors made aware of your desire to be informed of cases where your product is used for a purpose for which it was not designed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

LOSS CONTROL AND DEFENSE

Explain how you can identify your products and parts from similar competitors' products and parts:

Can you determine, based on available records for all products you have sold:

When any given product item was manufactured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who supplied parts and supplies going into the final product?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you maintain copies of old instruction or operation manuals and advertising material?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Accident procedure:

Do you have a written procedure for obtaining information about product complaints, accidents and injuries involving your products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you made distributors aware of your desire for prompt notice of all complaints, accidents and injuries involving your products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your procedure provide for examining and preserving any allegedly defective product, with the results of such examination recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>
To whom do reports on complaints, accidents, injuries and the examination of products involved go?	



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Present / Expiring Coverage

State current or expiring insurer:			
Limit and SIR / deductible:		Present Premium:	
Rate:		Expiration Date:	
Claims made or occurrence:		Retro Date	
Has any insurer ever refused to issue or cancelled your Products Public Liability Insurance?		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list insurers and reasons:	
What limits of liability do you desire?			

Producer:

Signature of Applicant:

Address:

Title:

City / State / Zip :

Date:



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