



COLONIAL GENERAL INSURANCE AGENCY, INC.

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PRODUCTS LIABILITY APPLICATION

APPLICANT'S NAME	_____
ADDRESS	_____

AGENCY	_____
AGENT NAME	_____
ADDRESS	_____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

- Limit Desired: _____
- Deductible Desired: _____
- Applicant is: Individual Partnership Corporation Other (describe): _____
- Completely describe product(s) to be specifically insured: _____

- Location(s) at which product(s) are manufactured by the Applicant: _____

- Location(s) from which product(s) are distributed directly by the Applicant: _____

- Of what materials or components is each product principally composed? _____

- (a) Do you compound ingredients? Yes No
(b) Do you package the product? Yes No
- Are all products sold under your label? Yes No
If not, describe: _____

- Do you manufacture the product? Yes No
If no, what component parts are purchased? _____

11. Is any of your work subcontracted to others?..... Yes No
 If so, state type and percentage: _____
12. Are any parts purchased from foreign manufacturers? Yes No
 If yes, describe: _____

13. Do you assemble the product? Yes No
14. (a) Has the product been tested by Underwriters Laboratories? Yes No
 (b) Is it UL listed? Yes No
15. What percentage of sales are for replacement parts? _____%
16. Has your product ever been subject to any inquiry or investigation by any governmental agency concerning the efficiency, adequacy of labeling, hazardous contents or safety? Yes No
 If yes, attach full details and result of such inquiry.
17. Do you maintain and/or service the products? Yes No
- (a) **If yes, attach full details including copy of your standard written service contract and gross receipts from this source.**
- (b) **Do you maintain complete inventory records of shipments and/or deliveries to consignees?** Yes No
- (c) **Can the date of manufacture of each product be identified by the factory number stamped on it?** Yes No
- (d) **Have you ever recalled any of your products for any reason?** Yes No
If yes, attach details.
- (e) **Are serial and/or batch numbers shown on the finished product and on shipment invoices?** Yes No
- (f) **Do you keep samples of products involved in your quality control procedures?** Yes No
If yes, how long are samples retained? _____
- (g) **Do you have a products recall plan?** Yes No
If yes, attach description.
18. Is original installation of products performed by your employees? Yes No
19. If no, does the installer supply parts not manufactured by you? Yes No
20. Are any of your products subject to deterioration? Yes No
 If yes, describe and indicate period of time: _____

21. Are any of your products inflammable or explosive? Yes No
 If yes, attach details.
22. Do you issue guarantees or warranties to purchasers? Yes No
 If so, for what periods do you guarantee or warrant your products? _____
 Attach full details and copy of your form of guarantee or warranty.
23. 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
 If yes, attach copies of your standard forms.
24. Are any of the above dealers, etc., affiliated with you? Yes No
 If yes, explain: _____

25. If you are a distributor, are you insured by the manufacturer?..... Yes No
26. Is your product used by aircraft industry? Yes No
27. (a) How many years have you been in business under the present name? _____
 (b) Have any of the principals ever engaged in this or similar enterprises under a different name? Yes No
 If yes, attach details.
28. Do you plan to manufacture any new products to be marketed within the next 12 months?..... Yes No
 If yes, attach description.
29. Have you ceased to manufacture any products during the past five years?..... Yes No
 If yes, attach description and sales by year.
30. If any products are accompanied by any written brochure, labels, instructions or other written statements, attach copies.
31. Show sales for five years: (Attach list if necessary)

NO.	YEAR	GROSS SALES	PRODUCT NAME
1.			
2.			
3.			
4.			
5.			

32. What are the estimated sales for this year? _____

Give claims history in following form or equivalent (five years) (Amounts shown should be from the ground up)

NO.	CLAIMS PAID			RESERVES OPEN		
	YEAR	NUMBER	AMOUNT	NUMBER	AMOUNT	INSURER'S NAME
1.						
2.						
3.						
4.						
5.						

33. Has any insurer ever canceled or refused to issue or renew your products liability insurance?..... Yes No
 If yes, why? _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND 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 include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF 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.

APPLICANT NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)

Agent's E-mail Address _____	Preferred Method of Correspondence?	E-Mail	Fax	Regular Mail
Applicant's E-mail Address _____	Preferred Method of Correspondence?	E-Mail	Fax	Regular Mail