PRODUCT LIABILITY - PRELIMINARY BACKGROUND REQUESTS & REMINDERS :

a) **COMPLETE THE ENTIRE FORM (NO SIGNATURES NEEDED FOR QUOTES)**

b) **If your PRODUCT (s) are currently available online, please copy and paste the online links to few of those PRODUCT (s) :**

PRODUCT LINKS

SAMPLE 1 LINK - _____

SAMPLE 2 LINK - _____

SAMPLE 3 LINK - _____

c) **After completing this form, save it, then :**

i) **upload it through our INTAKE FORM**

ii) **upload any available WARRANTY SAMPLES, INGREDIENT LISTS, BROCHURES, SPECIFICATIONS, QUALITY PROTOCOLS, ETC.**

iii) **access the INTAKE FORM to UPLOAD by clicking here :** INTAKE FORM LINK

PRODUCTS LIABILITY APPLICATION

Applicant's Name: _____

Mailing Address: _____

Location Address: _____

Agency Name: KELLY INSURANCE GROUP

Agent No: NPN 8275484

Address: 700 RIVER AVENUE
PITTSBURGH, PA 15212

E-mail: forms@kelins.com

Phone No: (412) 325-1650 (OFFICE / SERVICE LINE

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

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "**NOT APPLICABLE**" (**N/A**)

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture
☐ Limited Liability Company ☐ Other (Specify): _____

Website Address: _____

E-mail Address: _____ **Phone Number:** _____

Name of Main Contact: _____

E-mail Address: _____ **Phone Number:** _____

1. **Limit Desired:** SELECT
2. **Deductible Desired:** ..... SELECT
3. **Completely describe product(s) to be specifically insured and how they are used:** _____
4. **Location(s) at which product(s) are manufactured by the applicant:** _____

5. **Location(s) from which product(s) are distributed directly by the applicant:** _____

_____

_____

_____

6. **Of what materials or components is each product principally composed?** _____

_____

_____

7. a. **Does applicant compound ingredients?** ☐ Yes ☐ No
   b. **Does applicant package the product?** ☐ Yes ☐ No

8. **Are all products sold under the applicant's label?** ☐ Yes ☐ No
   If no, describe: _____

_____

9. **Does applicant manufacture the product?** ☐ Yes ☐ No
   If no, what component parts are purchased? _____

10. **Is any of the applicant's work subcontracted to others?** ☐ Yes ☐ No
    If yes, state type and percentage: _____

11. **Are any parts purchased from foreign manufacturers?** ☐ Yes ☐ No
    If yes, describe: _____

_____

12. **Does applicant assemble the product?** ☐ Yes ☐ No

13. a. **Has the product been tested by Underwriters Laboratories?** ☐ Yes ☐ No
    b. **Is it UL listed?** ☐ Yes ☐ No

14. **What percentage of sales are for replacement parts?** _____%

15. **If risk is involved in Meat, Fish, Poultry, Seafood Processing or Curing, Meat Packaging Houses/ Plants and/or Rendering Works, are they approved for operations by the Food Safety and Inspection Service (FSIS) under jurisdiction of United States Department of Agriculture (USDA) or by an equivalent state or federal regulation and inspection program?** ☐ Yes ☐ No

16. **Has the applicant's 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. **Does applicant maintain and/or service the products?** ☐ Yes ☐ No
    If yes, attach full details including copy of standard written service contract and gross receipts from this source.

18. **Are serial and/or batch numbers shown on the finished product?** ☐ Yes ☐ No
    If yes, can the date of manufacture of each product be identified by the factory number stamped on it? ☐ Yes ☐ No

19. **Does applicant maintain complete inventory records of shipments and/or deliveries to consignees?** ☐ Yes ☐ No
    If yes, are serial and/or batch numbers shown on the shipment invoices? ☐ Yes ☐ No

20. **Does applicant keep samples of products involved in quality control procedures?** ☐ Yes ☐ No
    If yes, how long are samples retained? _____

21. **Does applicant have a products recall plan?** ☐ Yes ☐ No
    If yes, attach description.

22. **Has applicant ever recalled any of their products for any reason?** ☐ Yes ☐ No
If yes, attach details.

23. **Is original installation of products performed by the applicant's employees?** ☐ Yes ☐ No
If no, does the installer supply parts not manufactured by the applicant? ☐ Yes ☐ No

24. **Are any of the applicant's products subject to deterioration?** ☐ Yes ☐ No
If yes, describe and indicate period of time: _____

25. **Are any of the applicant's products inflammable or explosive?** ☐ Yes ☐ No
If yes, attach details.

26. **Does applicant issue guarantees or warranties to purchasers?** ☐ Yes ☐ No
If yes, for what periods does the applicant guarantee or warrant their products? _____
Attach full details and copy of applicant's form of guarantee or warranty.

27. **Does applicant agree to hold dealers, distributors or suppliers harmless against claims or suits for bodily injury or property damage in connection with the applicant's products?** ☐ Yes ☐ No
If yes, attach copies of standard forms.

28. **Are any of the dealers, etc., affiliated with the applicant?** ☐ Yes ☐ No
If yes, explain: _____

29. **If applicant is a distributor, is the applicant insured by the manufacturer?** ☐ Yes ☐ No

30. **Is the applicant's product used by the aircraft industry?** ☐ Yes ☐ No

31. a. **How many years has the applicant 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.

32. **Does applicant plan to manufacture any new products to be marketed within the next twelve (12) months?** ☐ Yes ☐ No
If yes, attach description.

33. **Has applicant ceased to manufacture any products during the past five years?** ☐ Yes ☐ No
If yes, attach description and sales by year.

34. **If any products are accompanied by any written brochure, labels, instructions or other written statements, attach copies.**

35. **Show sales for the past five years (attach list if necessary):** **IF THIS IS FOR A NEW BUSINESS, SKIP THIS QUESTION & CHECK HERE** ☐

No.	Year	Gross Sales	Product Name
1.		$	
2.		$	
3.		$	
4.		$	
5.		$	

36. **What are the estimated sales for this year?** $_____

37. Provide five years of claims history in following form or equivalent: **IF THIS IS FOR A NEW BUSINESS, SKIP THIS QUESTION & CHECK HERE** ☐

No.	Claims Paid			Reserves Open		
	Year	Number	Amount	Number	Amount	Insurer's Name
1.			$		$	
2.			$		$	
3.			$		$	
4.			$		$	
5.			$		$	

38. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? ..... ☐ Yes ☐ No

If yes, describe: _____

_____

39. Does applicant have other business ventures for which coverage is not requested? ..... ☐ Yes ☐ No

If yes, explain and advise where insured: _____

_____

40. Has any insurer ever canceled, nonrenewed, declined or refused to issue products liability insurance to the applicant? ..... ☐ 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

KELLY INSURANCE

NOTICE TO KANSAS APPLICANTS: 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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

NOTICE TO LOUISIANA APPLICANTS: 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 fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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 fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE 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 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.

KELLY INSURANCE

APPLICANT'S STATEMENT:

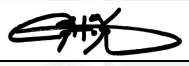
I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT NAME AND TITLE: _____

NO SIGNATURE NEEDED just for QUOTES

APPLICANT'S SIGNATURE: _____ DATE: _____

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

PRODUCER'S SIGNATURE:  DATE: _____

AGENT NAME: KELLY INSURANCE GROUP, INC AGENT LICENSE NUMBER: NPN 8275484

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)

ADDITIONAL REMARKS SECTION :

THE AREA BELOW CAN BE USED TO PROVIDE ANY CLARIFICATION ON ANSWERS INPUT INTO THIS FORM & CAN ALSO BE USED TO INCLUDE OTHER INFORMATION ABOUT YOUR OPERATIONS WHICH YOU FEEL COULD BE USEFUL TO HELP DESCRIBE YOUR OPERATIONS.

KELLY INSURANCE