

Member Companies of Western World Insurance Group

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Application
For
**Product Liability /
Discontinued Products**

1. Name of Applicant _____
 Street Address _____ City _____ State _____ Zip _____
 Applicant's Web Site Address _____ Tel. # _____

2. Individual Corporation Partnership Other (Explain) _____

3. Number of years in business (under present name) _____ 4. Proposed Effective Date _____

5. Receipts expected during coming policy period \$ _____
 Receipts past 4 years: \$ _____ \$ _____ \$ _____ \$ _____

6.

List all products to be insured	ISO Class Code	Applicant Acts as A/An:					Does Applicant Install? Repair or Service?	Products Sold To:				
		M	W	R	I	MR		W	R	MR	C	O
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M = Manufacturer R = Retailer MR = Manufacturers Rep O = Other (Describe) _____
 W = Wholesaler I = Importer C = Consumer=Direct

7. List the final user of the product(s): (Attach list if necessary) _____

8. Has applicant had previous insurance for this enterprise in the past 3 years? Yes No
 If yes, complete the following:

9. Please provide prior insurance information. If none, check here.

Insurance Company	Policy Period	Limits of Liability	If Claims-made, retrodate?	Claims (Attach recently valued, hard-copy company loss runs)

10. Has applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or non-renewed in the past three years? Yes No

11. Is applicant engaged in, owned by, associated with or involved in any other enterprise? Yes No

12. Have any of the principals ever engaged in this or similar enterprises under a different name? Yes No

GENERAL PRODUCT INFORMATION - Complete #38 for answers needing additional information.

13. Do you or others design the product? Explain _____

14. Do you or others assemble the product? Explain _____

15. Is product a component of another product? Yes No
Describe _____
16. Do others package the product? Yes No
Are products sold under label of others? Yes No
If yes, provide details _____
17. What is the expected shelf life (# of years) of the products? _____
18. Have any products been discontinued or changed? Yes No
If yes, provide details _____
- 19a. Does the applicant use independent contractors or subcontractors? Yes No
- 19b. Provide details of work performed by independent contractors or subcontractors. _____

- 19c. Does applicant require certificates of insurance from independent contractors/subcontractors? Yes No
What limit? _____ Are you named as an additional insured? Yes No
20. Are any of your products flammable or explosive? Yes No
If yes, attach details and methods of storage/disposal.
21. Have any products you manufacture or distribute been subject to any inquiry or investigation by any governmental agency concerning the hazardous contents, safety, efficiency or adequacy of labeling? Yes No
If yes, attach result of such inquiry and full details.
22. Are your products subject to US Governmental approval? Yes No
If so, by which agency? _____
23. Have the products been tested by Underwriters Laboratories? Yes No
Do all carry UL label? Yes No
If no, provide details _____
- 24a. Do you maintain and/or service the products? Yes No
- 24b. If yes, attach full details including copy of your standard written service contract and gross receipts from this source.
25. Do you maintain complete inventory records or shipments and/or deliveries to consignees? Yes No
26. Can the date of manufacture of each product be identified by the factory number stamped on it? Yes No
27. Have you ever recalled any of your products for any reason? Yes No
If yes, need reason. _____
28. Are serial and/or batch numbers shown on the finished product and on shipment invoices? Yes No
29. Do you keep samples of products involved in your quality control procedures? Yes No
How long are samples retained? _____
30. Do you have a products recall plan? If yes, attach description. Yes No

- 31. Is a Research & Development department maintained? Yes No
- 32. Do you issue guarantees or warranties to purchasers? If yes, attach copy. If so, for what periods do you guarantee or warrant your products? _____ Yes No
- 33a. 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
- 33b. Are any of the above dealers, distributors, or suppliers affiliated with you? Yes No
- 34. If you are a distributor, are you insured by the manufacturer? Yes No
- 35a. Where are your products manufactured? _____
- 35b. List and describe any parts purchased from foreign manufacturers. _____
- 35c. Does the manufacturer name you as an additional insured? Yes No
- 36. Is your product used by the aircraft industry? If yes, provide details _____ Yes No
- 37. Do you plan to manufacture any new products to be marketed within the next 12 months? If yes, provide details _____ Yes No

38. Any answers needing additional comments complete below:

Question #	Comments

(If additional space is needed, use back of form).

39. Additional Insureds – Give name and describe interests (i.e. vendors, building owner, etc.)

40. Coverage Requested Limits of Liability Requested Deductible Requested

41. **Attach copies of brochures, labels, material safety data sheets, directions or warnings that accompany any products.**

Effective Dates Desired: From _____ To _____

Applicant's Signature: _____ Date: _____

Title: _____ Producing Agent: _____