



ace westchester
specialty group

PRODUCTS POLLUTION APPLICATION



SECTION I: APPLICANT

NAME OF APPLICANT			DATE	
MAILING ADDRESS				
CITY		STATE		ZIP CODE
TELEPHONE	FAX		WEB ADDRESS HTTP://	
CONTACT NAME			TITLE	
Company is an: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER:				

PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION IN ORDER TO BE CONSIDERED:

- 1) Three years of Audited Financial Statements
- 2) Three years of currently valued loss runs (GL, Products Liability, and/or Products Pollution Liability)
- 3) Product Brochure, Labels, Instructions, and Advertising Material
- 4) Standard Sales Agreement and Warranty
- 5) Quality Control Procedure and Product Recall Plan
- 6) Any existing Products Liability Loss Control Surveys or Recommendations

SECTION II : COVERAGE REQUESTED

Limits Requested: \$ Occurrence / \$ Aggregate	Deductible Requested: \$
Effective Date:	Retroactive Date:

SECTION III: CURRENT PRODUCTS LIABILITY INSURANCE INFORMATION

Carrier	Revenue	Limits	Premium	Effective Date	Retention	Retro Date

Has any carrier ever refused to renew or instigated cancellation with respect to a liability policy issued to the Applicant, a predecessor in business, or a person, firm or organization for whom the Applicant has assumed the liabilities of or has a liability policy issued to any aforementioned ever been cancelled at the instigation of any premium finance company?
 Yes No (provide details below)

SECTION IV: GENERAL INFORMATION

1. Year the Insured was established:

2. Has the Insured ever operated under another name? Yes No (If yes, explain):

3. Has the Insured acquired, merged, or discontinued any operations in the last five (5) years? Yes No
If yes, explain:

4. Does the firm have: Subsidiaries Parent Company Other Related Entities (If yes, explain):
Please List Other Named Insureds:

5. Does the Insured have any branch sales offices? Yes No (if yes, where?):

6. Please list the location of factories or stores where the products are manufactured:

7. Please list the location of factories or stores where the products are distributed directly by the Insured:

SECTION V: GROSS REVENUE

Estimated revenue for the next 12 months	\$	Domestic Sales	% / Foreign	%
1 st prior year's revenue	\$	Domestic Sales	% / Foreign	%
2 nd prior year's revenue	\$	Domestic Sales	% / Foreign	%

SECTION VI: PRODUCTS INFORMATION

1. Product Trade Name:

2. Please describe the Product(s) and Use(s):

3. Are or could any of your products or services be part of, used on, or in connection with:

- a. Aircraft/missile/aerospace Yes No
- b. Transportation/transit Yes No
- c. Watercraft/offshore Yes No
- d. Medical/life support services Yes No

4. Regarding your products:

- a. Are the products designed by you? Yes No
- b. Do you assemble the products? Yes No
- c. Are any of your products assembled by retail consumers? Yes No
- d. Do others manufacture, package or install products under your name or label? Yes No
- e. Do you manufacture, assemble, package or install products for others under your name or label? If Yes, Please explain: Yes No
- f. Are any components of your products foreign made? If Yes, Please explain: Yes No
- g. Is original installation of such products made by your employees? If No, Please explain: Yes No
- h. Do you maintain and/or service your products? If Yes, Please explain: Yes No
- i. Has your product ever been subject to any inquiry or investigation by any Governmental Agency concerning the efficiency, adequacy or labeling, hazardous content or safety? If Yes, Please attach full details and result of such inquiry: Yes No

5. Regarding Quality Control of your products:

- a. Are written quality control and testing procedures followed?
How long are quality control and testing records kept? Yes No
- b. Can you identify your product from competitors? Yes No
- c. Do your records indicate when each product was manufactured? Yes No
- d. Do your records show to whom and the date each product was sold? Yes No
- e. Do your records show who supplied the component parts going into your products? Yes No

6. Regarding Loss Control for your products:

- a. Do you have a written products safety program for which specific individuals have responsibility for implementation? Yes No
- b. Do suppliers and distributors of your product hold you harmless or insure you? If **Yes**, Please explain: Yes No
- c. Are any of the suppliers, distributors or dealers affiliated with you? If **Yes**, Please list: Yes No
- d. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards? Yes No
- e. Are guarantees and/or warranties issued to purchasers?
If **Yes**, for what period of time do you guarantee and/or warrant your product(s)? Yes No

- f. Do you provide training or instruction in the use of any product? Yes No
- g. Do you have a specific program to withdraw known or suspected defective products from the market? Yes No
- h. Have you ever recalled or are you considering recalling any products? If **Yes**, Please explain: Yes No

- i. List your memberships in any industry product-standard organizations:

7. Regarding the accident/claims procedures for your products:

- a. Do you have a written procedure for obtaining information about any complaints, accidents or injuries involving your products? Yes No
- b. Are your distributors aware of your procedures for prompt notice? Yes No
- c. Do your procedures provide for the examination and preservation of any allegedly defective product? Yes No
- d. Are the results of such examinations recorded? Yes No
- e. Are the results used for improving the product or process procedures? Yes No

SECTION VII: CLAIMS HISTORY

1. Has any claim, suit or notice of incident been made previously (last five years) against the Applicant (or Predecessor)?
 Yes No

If yes, state a) the date when the claim was made; b) the date of the incident, act or omission giving rise to the claim; c) name of the claimant; d) nature of the claim; e) amount paid or estimated to be paid; and f) current status and/or final disposition of claim (use additional paper if necessary)

2. Has any member of the applicant, or predecessor firm or any entity that the applicant wholly or partly owns, manages and/or controls aware of any circumstances that may result in any claim, suit or notice of incident or occurrence against them?
 Yes No If yes, please provide details on additional paper.

3. Has any member of the applicant, or predecessor firm or any entity that the applicant wholly or partly owns, manages and/or controls been the subject of a disciplinary action as a result of their professional activities?
 Yes No If yes, please provide details on additional paper.

CURRENTLY VALUED LOSS RUNS MUST BE FURNISHED

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT. SUCH AN ACT IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Name of Insured

Signature of Owner, Partner or Officer

Signature of Broker/Agent

Print Name

Print Name

Title

Agency Name

Date

Date

ACE Westchester Specialty Group - Environmental Division

500 Colonial Center Parkway, Suite 200 Roswell, GA 30076

PRODUCTS INFORMATION CHART

Please complete the information below. The policy only provides coverage for those products specified in the policy.

Include any products you have DISCONTINUED. Identify them with a (D) and include date product was discontinued.

Product Name	Years on the Market	% of Sales	Does the Insured Install or Repair?	Insured Acts as: (Circle all that apply)	Product Sold to: (Circle all that apply)
1.				M W R I MR	M W R MR C O
2.				M W R I MR	M W R MR C O
3.				M W R I MR	M W R MR C O
4.				M W R I MR	M W R MR C O
5.				M W R I MR	M W R MR C O
6.				M W R I MR	M W R MR C O
7.				M W R I MR	M W R MR C O
8.				M W R I MR	M W R MR C O

KEY:

M = Manufacturer W = Wholesaler R = Retailer I = Importer MR = Manufacturers Representative C = Consumer
O = Other

PRODUCTS SALES INFORMATION

Please complete the information below. The policy only provides coverage for those products specified in the policy.

Include any products you have DISCONTINUED. Identify them with a (D) and include date product was discontinued.

Product Name	Current Sales	# of Units	1 st Year Prior	2 nd Year Prior	3 rd Year Prior
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					