



PO Box 949, Troy, OH 45373
 (800) 648-0357 Fax: (877) 311-6887
 www.coxspecialty.com

Agent Name _____
 and Address _____
 Phone _____ Fax _____

Products Liability Supplemental Application

General Information

Proposed Effective Date _____
 Applicant Name (Legal) _____ Applicant Name (DBA) _____
 Web Address _____ Phone _____
 Number of years experience _____
 Number of years the business has been in this location _____
 Number of years the applicant has owned this business _____ Check if New Venture
 Hours of Operation From _____ To _____ Number of days business is open per week _____
 Have you owned another business under a different name or entity? Yes No
 If yes, please explain: _____
 Do you own any other businesses or have any other locations? Yes No
 If yes, please explain: _____
 States of Operation: _____
 Applicant is a: Manufacturer Distributor Retailer Other, describe: _____

Specified Products and Services

Products and Services	Applicant acts as a/an:						No of years	% of Sales	Does applicant:		Products sold to:							
	M	W	R	I	MR	C			Install	Repair	M	W	R	I	MR	C		

M - Manufacturer W - Wholesaler R - Retailer MR - Manufacturers Representative I - Importer C - Consumer Direct

Have you acquired or sold any companies? Yes No
 If yes, provide the date of acquisition / sale and the types of products manufactured: _____

 Please provide details on who is responsible for liabilities before/after the transaction: _____

Have you ever had to or are you planning to recall a product? Yes No

If yes, please describe: _____

Are you planning to add any new products in the next 12 months Yes No

If yes, please describe: _____

Any products discontinued in the past 3 years? Yes No

If yes, please describe: _____

Could your products be used in aircraft, aerospace, or defense? Yes No

If yes, please describe: _____

Loss and Quality Control

Do any regulations or standards apply to your product? Yes No

If yes, please describe: _____

Do your products have warning labels? (if yes, please submit a copy) Yes No

Do your products include any instructions? (if yes, please submit a copy) Yes No

Do you purchase component parts from others? Yes No

Do you receive Certificates of Insurance from these suppliers? Yes No

Who installs and/or services your products: _____

Do others manufacture or package under your name or label? Yes No

If yes, do they name you as an additional insured under the policy? Yes No

Do you manufacture, assemble, package or install products for others under another's name or label? Yes No

If yes, do they name you as an additional insured under the policy? Yes No

Are written quality control and testing procedures followed? Yes No

Can you identify your product from competitors? Yes No

Do your records show who supplied the component parts going into your products? Yes No

If your products are manufactured to the specifications of your customers, does the customer test the product upon receipt? Yes No

Do you use serial and or batch numbers and shipment records? Yes No

Are your details subject to independent external review, testing or clarification? Yes No

If yes, please describe: _____

Are all instructions, operating manuals, advertisements and warranties reviewed by legal council? Yes No

Do you have a specific program to withdraw known or suspected defective products from the market? Yes No

If you are a Distributor or Wholesaler:

Do you receive a Certificate of Insurance from the Manufacturer? Yes No

Are you named as an additional insured under the manufacturer's policy? Yes No

Do you repackage or assemble the product? Yes No

Any imported products or components? Yes No

If yes, please describe and note the country of origin: _____

FRAUD NOTICE

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.

STATE SPECIFIC PROVISION

Ohio 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.

Pennsylvania 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.

West Virginia 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.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant _____
Signature _____
Date _____

Producer _____
Signature _____
Date _____