

☐ **Scottsdale Insurance Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

☐ **Scottsdale Surplus Lines Insurance Company**
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

☐ **Scottsdale Indemnity Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

PRODUCTS LIABILITY APPLICATION

Applicant's Name: _____

Mailing Address: _____

Location Address: _____

Agency Name: _____
Agent No: _____
Address: _____

E-mail: _____
Phone No: _____

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)

1. Completely describe product(s) to be specifically insured and how they are used: _____

2. Location(s) at which product(s) are manufactured by the applicant: _____

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

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

5. a. Does applicant compound ingredients? ☐ Yes ☐ No
b. Does applicant package the product? ☐ Yes ☐ No
6. Are all products sold under the applicant's label? ☐ Yes ☐ No
If no, describe: _____

7. Does applicant manufacture the product? ☐ Yes ☐ No
If no, what component parts are purchased? _____
8. Is any of the applicant's work subcontracted to others? ☐ Yes ☐ No
If yes, state type and percentage: _____
9. Are any parts purchased from foreign manufacturers? ☐ Yes ☐ No
If yes, describe: _____
10. Does applicant assemble the product? ☐ Yes ☐ No
11. a. Has the product been tested by Underwriters Laboratories? ☐ Yes ☐ No
b. Is it UL listed? ☐ Yes ☐ No
12. What percentage of sales are for replacement parts? %
13. Has the applicant's product ever been subject to any inquiry or investigation by any government agency concerning the efficiency, adequacy of labeling, hazardous contents or safety? ☐ Yes ☐ No
If yes, attach full details and result of such inquiry.
14. 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.
15. 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
16. 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
17. Does applicant keep samples of products involved in quality control procedures? ☐ Yes ☐ No
If yes, how long are samples retained? _____
18. Does applicant have a products recall plan? ☐ Yes ☐ No
If yes, attach description.
19. Has applicant ever recalled any of their products for any reason? ☐ Yes ☐ No
If yes, attach details.
20. 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
21. Are any of the applicant's products subject to deterioration? ☐ Yes ☐ No
If yes, describe and indicate period of time: _____
22. Are any of the applicant's products inflammable or explosive? ☐ Yes ☐ No
If yes, attach details.
23. Does applicant issue guarantees or warranties to purchasers? ☐ Yes ☐ No
If yes, for what periods does the applicant guarantee or warrant their products? _____
24. 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.
25. Are any of the dealers, etc., affiliated with the applicant? ☐ Yes ☐ No

If yes, explain: _____

26. If applicant is a distributor, is the applicant insured by the manufacturer? ☐ Yes ☐ No
27. Is the applicant's product used by the aircraft industry? ☐ Yes ☐ No
28. 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
29. Does applicant plan to manufacture any new products to be marketed within the next twelve (12) months? ☐ Yes ☐ No
If yes, attach description.
30. Has applicant ceased to manufacture any products during the past five years? ☐ Yes ☐ No
If yes, attach description and sales by year.
31. Do the applicant's product(s) include:
- Children and/or infant clothing and/or sleepwear ☐ Yes ☐ No
- Children's and/or infant toys ☐ Yes ☐ No
- Safety Clothing ☐ Yes ☐ No
- Baby and/or children's furniture ☐ Yes ☐ No
- Step stools and/or ladders ☐ Yes ☐ No
- Chairs ☐ Yes ☐ No
- Crib mattresses and/or infant pillows/wedges ☐ Yes ☐ No
- Plastic or rubber baby products and/or accessories ☐ Yes ☐ No
- Plastic bags. ☐ Yes ☐ No
- Latex gloves ☐ Yes ☐ No
- Computers ☐ Yes ☐ No
- Computer software ☐ Yes ☐ No
- Clocks used for the operation, timing, regulation or control of machinery or equipment other than household type appliances ☐ Yes ☐ No
- Optical Goods ☐ Yes ☐ No
- Chemicals ☐ Yes ☐ No
- Herbal Supplements and/or vitamins ☐ Yes ☐ No
- Baby Food ☐ Yes ☐ No
- Egg Production ☐ Yes ☐ No
- Raw or human milk ☐ Yes ☐ No
- Food or beverage products containing marijuana/cannabis ☐ Yes ☐ No
- Harvesting, processing, or packaging of raw oysters, clams or mussels from the Gulf of Mexico ☐ Yes ☐ No
- Energy Drinks ☐ Yes ☐ No
- Kava drinks, candy or confectionery ☐ Yes ☐ No

- Syrups or molasses ☐ Yes ☐ No
- Rendering works ☐ Yes ☐ No
- Extracts other than food and beverage ☐ Yes ☐ No
32. Any internet or mail order alcohol sales? ☐ Yes ☐ No
33. Do operations involve the use of explosives or blasting? ☐ Yes ☐ No
34. 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
35. Is the applicant subject to approval of operations under either the Food Safety and Inspection Service (FSIS) under the jurisdiction of USDA or by an equivalent state or federal regulation and inspection program? ☐ Yes ☐ No
- If yes, are the applicant's operations approved? ☐ Yes ☐ No
- If yes, which organization(s) provided approval: _____
36. If any products are accompanied by any written brochure, labels, instructions or other written statements, attach copies.
37. Show sales for the past five years (attach list if necessary):

No.	Year	Gross Sales	Product 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: _____

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, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, 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 CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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.

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 KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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 NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): 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 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.

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.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____