

☐ **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. **Applicant's operations:** ☐ Manufacturer ☐ Distributor ☐ Importer ☐ Exporter ☐ Manufacturer's Rep
☐ Other (Explain): _____

2. **Completely describe product(s) to be specifically insured and how they are used** (attach products brochure, printed website information, labels or other printed descriptive materials): _____

Products & Goods (or Specified Categories)	Years Sold	Gross Sales	Does applicant install?	Does applicant service or repair?

3. **Total Gross receipts from all products:**

a. Estimated annual gross receipts for the coming year:\$ _____

b. Annual gross receipts last twelve months: Year:\$ _____

4. **What percent of sales are for replacement parts?**%

5. **Any foreign sales?** ☐ Yes ☐ No

If yes, how much?: _____

6. Does applicant plan to manufacture any new products to be marketed within the next twelve (12) months? ☐ Yes ☐ No
If yes, attach description.
7. Has applicant ceased to manufacture any products during the past five years?..... ☐ Yes ☐ No
If yes, attach description and sales by year.
8. Provide a listing of the applicant's largest clients and the industries served: _____

9. Any aircraft, aerospace, pharmaceutical, critical automotive, pipeline, or nuclear products?..... ☐ Yes ☐ No
If yes, describe: _____

10. Do the applicant's operations consist of recycling and/or reprocessing of materials or component parts? ☐ Yes ☐ No
11. Are any of the applicant's products inflammable or explosive? ☐ Yes ☐ No
If yes, attach details.
12. Are all products sold under the applicant's label? ☐ Yes ☐ No
If no, describe: _____

13. Do any products or ingredients or components thereof, originate from outside the United States? ☐ Yes ☐ No
a. If yes, please specify: _____
(1) The country of origin: _____
(2) The name of the supplier: _____
14. Does applicant distribute products manufactured by others?..... ☐ Yes ☐ No
a. Do you obtain Certificates of Insurance confirming Product Liability Insurance limits of \$1M or greater from each of your manufacturers/suppliers?..... ☐ Yes ☐ No
b. Are you included as an Additional Insured Vendor under each manufacturer's/supplier's insurance?..... ☐ Yes ☐ No
15. Is any of the applicant's work subcontracted to others?..... ☐ Yes ☐ No
If yes, state type of work subcontracted and percentage: _____
a. Does applicant obtain certificates of insurance from all subcontractors?..... ☐ Yes ☐ No
If yes, minimum limits required: _____
b. Is applicant added as an additional insured on the subcontractors' liability policies?..... ☐ Yes ☐ No
c. Subcontracted work (include cost of labor and materials):
Insured Subcontractors: Total Cost:
Uninsured or Underinsured Subcontractors: Total Cost:.....
16. Are any products assembled by the end user? ☐ Yes ☐ No
17. Do product labels and instruction manuals describe and warn against potential hazards and/or misuse in accordance with legislative standards? ☐ Yes ☐ No
If Yes, please detail and/or attach any relevant standards of compliance, examples of warnings labels and/or instruction manuals: _____

18. Are your products tested to meet government and/or industry standards (i.e., third-party CPSC-accepted laboratory testing)? ☐ Yes ☐ No
- a. Any products UL approved?..... ☐ Yes ☐ No
- b. Any products FDA approved? ☐ Yes ☐ No
19. List your memberships in any industry product-standard organizations (ex. ISO9000):
20. 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
21. Can the applicant identify its products from those of competitors?..... ☐ Yes ☐ No
22. Does the applicant maintain records of whom and the date each product was sold?..... ☐ Yes ☐ No
23. 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
24. Does applicant keep samples of products involved in quality control procedures? ☐ Yes ☐ No
If yes, how long are samples retained?
25. Does applicant have a products-recall plan? ☐ Yes ☐ No
If yes, attach description.
26. Has applicant ever recalled any of their products for any reason?..... ☐ Yes ☐ No
If yes, attach details.
27. Are any of the applicant's products subject to deterioration? ☐ Yes ☐ No
If yes, describe and indicate period of time:
28. Does applicant issue guarantees or warranties to purchasers? ☐ Yes ☐ No
If yes, for what periods does the applicant guarantee or warrant their products?
29. 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.
30. 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
31. Does applicant have other business ventures for which coverage is not requested?..... ☐ Yes ☐ No
32. Is any work performed in the state of New York? ☐ Yes ☐ No
33. 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:

Food & Beverage Manufacturing:

1. Are your products tested, labeled and manufactured to meet or exceed all FDA/USDA regulations? ☐ Yes ☐ No
2. Do you have a written Hazard Analysis and Critical Control Point (HACCP) Plan? ☐ Yes ☐ No

3. Do you directly import goods or ingredients? ☐ Yes ☐ No

If yes, what countries do your imported products come from?: _____

4. How do you validate the quality of goods received from your suppliers? (Check all that apply.)

- ☐ Incoming goods are inspected
- ☐ Certifications of analysis (COAs) are received from suppliers
- ☐ Incoming products are tested by certified laboratories
- ☐ Suppliers have QC controls equivalent to yours

5. Do all your products have unique ID or batch numbers that enable you to:

- a. Trace all ingredients in them back to suppliers ☐ Yes ☐ No
- b. Identify your customers to whom they are sold? ☐ Yes ☐ No

6. Describe your allergen control program. (Check all that apply.)

- ☐ Labelling of allergens
- ☐ Separation from other ingredients
- ☐ Cleaning of equipment between processing runs with and without allergens
- ☐ Supplier certification of absence of undeclared allergens

7. Have you had any Health or Safety violations, failed an FDA or USDA inspection, received a warning letter from the FDA or USDA or conducted a product recall? ☐ Yes ☐ No

PROPERTY:

1. Are the manufacturing operations reliant on specialized one-of-a-kind or unique, custom-made production equipment? ☐ Yes ☐ No

2. Provide details regarding the applicant's fire prevention and housekeeping program: _____

3. Are buildings protected by an automatic sprinkler system? ☐ Yes ☐ No

4. Does the applicant manufacture wood products or textiles? ☐ Yes ☐ No

If yes, are buildings equipped with a fully functional dust collection system? ☐ Yes ☐ No

5. Are paint-spraying operations performed? ☐ Yes ☐ No

If yes, is there a UL certified and/or code compliant paint spray booth? ☐ Yes ☐ No

6. Does the Applicant operate a kitchen or any cooking equipment on the premises? ☐ Yes ☐ No

If yes, are all indoor cooking exposures that cause grease laden vapors and/or smokers protected by automatic commercial cooking exhaust and fire suppressant systems including metal hoods, grease extractors, duct systems and wet or dry chemical fire extinguishing equipment? ☐ Yes ☐ No

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.

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: _____