

# Benchmark

**MANAGEMENT GROUP, INC.**

1730 Park Street, Suite 214 Naperville, IL 60563

Phone: (630) 778-7000 Fax: (630) 778-7007

## Products Liability Application

Applicant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Location \_\_\_\_\_

Agent Name \_\_\_\_\_

Address \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:**

From \_\_\_\_\_ To \_\_\_\_\_

12:01 A.M., Standard Time at the address of the Applicant.

**Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): \_\_\_\_\_

LIMITS OF LIABILITY REQUESTED		
COVERAGE	EACH OCCURRENCE	AGGREGATE
COMBINED SINGLE LIMIT	\$ ,000	\$ ,000

1. Deductible desired: \_\_\_\_\_

2. Completely describe product(s) to be specifically insured: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Location(s) at which product(s) are manufactured by the Applicant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Location(s) from which product(s) are distributed directly by the Applicant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Of what materials or components is each product principally composed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Do you compound ingredients?  Yes  No Do you package the product?  Yes  No

7. Are all products sold under your label?  Yes  No If not, describe: \_\_\_\_\_  
\_\_\_\_\_

8. Do you manufacture the complete product?  Yes  No If no, what component parts are purchased?  
\_\_\_\_\_

9. Total number of employees: \_\_\_\_\_

10. Is any of your work subcontracted to others?  Yes  No If so, state type and percentage: \_\_\_\_\_  
\_\_\_\_\_

11. Are any parts purchased from foreign manufacturers?  Yes  No If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

12. Do you assemble the product?  Yes  No

13. Has the product been tested by Underwriters Laboratories?  Yes  No Is it UL listed?  Yes  No

14. What percentage of sales are for replacement parts? \_\_\_\_\_

15. Has your 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 If yes, attach full details and result of such inquiry.

16. Do you maintain and/or service the products?  Yes  No

a. If yes, attach full details including a copy of your standard written service contract and gross receipts from this source.

b. Do you maintain complete inventory records of shipments and/or deliveries to consignees?.....  Yes  No

c. Can the date of manufacture of each product be identified by the factory number stamped on it?..  Yes  No

d. Have you ever recalled any of your products for any reason? If yes, attach details. ....  Yes  No

e. Are serial and/or batch numbers shown on the finished product and on shipment invoices? .....  Yes  No

f. Do you keep samples of products involved in your quality control procedures?.....  Yes  No  
If yes, how long are samples retained? \_\_\_\_\_

g. Do you have a product recall plan? If yes, attach description. ....  Yes  No

17. Is original installation of products performed by your employees?  Yes  No If no, does the installer supply parts not manufactured by you?  Yes  No

18. Are any of your products subject to deterioration?  Yes  No If yes, describe and indicate period of time:  
\_\_\_\_\_

19. Are any of your products inflammable or explosive?  Yes  No If yes, attach details.

20. Do you issue guarantees or warranties to purchasers?  Yes  No If so, for what periods do you guarantee or warrant your products? \_\_\_\_\_

Attach full details and copy of your form of guarantee or warranty.

21. Do you agree to hold dealers, distributors, subcontractors or suppliers harmless against claims or suits for

**bodily injury or property damage in connection with your products?**  Yes  No If yes, attach copies of your standard forms.

**22. Are any of the above dealers, etc. affiliated with you?**  Yes  No If yes, explain: \_\_\_\_\_

**23. If you are a distributor, are you insured by the manufacturer?**  Yes  No

**24. Is your product used by Aircraft or Aerospace Industry?**  Yes  No

**25. How many years have you been in business under the present name?** \_\_\_\_\_ Have any of the principals ever engaged in this or similar enterprises under a different name?  Yes  No If yes, attach details.

**26. Do you plan to manufacture any new products to be marketed within the next 12 months?**  Yes  No  
If yes, attach description.

**27. Have you ceased to manufacture any products during the past 5 years?**  Yes  No If yes, attach description and sales by year.

**28. If any products are accompanied by any written brochure, labels, instructions or other written statements, attach copies.**

**29. Show sales for 5 years:** (Attach list if necessary)

	YEAR	GROSS SALES	PRODUCT NAME
1.	19 _____		
2.	19 _____		
3.	19 _____		
4.	19 _____		
5.	19 _____		

**30. What is estimated sales for this year?** \_\_\_\_\_

Give claims history in following form or equivalent (5 years) (Amounts shown should be from the ground up)

	YEAR	CLAIMS PAID NUMBER	AMOUNT	RESERVES OPEN NUMBER	AMOUNT	INSURER'S NAME
1.	19 _____					
2.	19 _____					
3.	19 _____					
4.	19 _____					
5.	19 _____					

**31. Has any insurer ever cancelled or refused to issue or renew your products liability insurance?** (Not applicable in Missouri.)  Yes  No If yes, why? \_\_\_\_\_

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.

APPLICABLE IN THE STATE OF NEW YORK:

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.

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.

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_  
(MUST BE OWNER, PARTNER OR OFFICER)

PRODUCER'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

AGENT NAME \_\_\_\_\_ AGENT LICENSE NUMBER \_\_\_\_\_  
**(Applicable to Florida Agents Only.)**

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT \_\_\_\_\_

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE 'NOT APPLICABLE'