



GENERAL LIABILITY AND PRODUCTS LIABILITY APPLICATION

APPLICANT'S INSTRUCTIONS	
1)	ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTIONS IS NONE, PLEASE STATE NONE.
2)	APPLICATION MUST BE SIGNED AND DATED BY OWNER, PARTNER OR OFFICER.
3)	BROCHURES, COPIES OF GUARANTEES, WARRANTIES AND HOLD HARMLESS AGREEMENTS FURNISHED BY THE NAMED INSUREDS SHOULD ACCOMPANY THE APPLICATION.
4)	THE LATEST 10K AND 10Q, OR IF A PRIVATELY HELD BUSINESS, LATEST AUDITED FINANCIAL STATEMENT AND LATEST QUARTER INCOME REPORT SHOULD BE FURNISHED.

PRODUCER		PRODUCER CODE
ADDRESS	CITY/STATE	ZIP

1. APPLICANT INFORMATION		
A) NAME (FIRST NAMED INSURED AND OTHER NAMED INSUREDS)		

B) MAILING ADDRESS (OF FIRST NAMED INSURED)		

C) APPLICANT OPERATES AS AN:		D) YEARS IN BUSINESS
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER (DESCRIBE)		
<input type="checkbox"/> LLC (LIMITED LIABILITY CORPORATION)		
E) EFFECTIVE DATE OF THIS INSURANCE		
F) INSPECTION (CONTACT/PHONE)		G) ACCOUNTING RECORDS (CONTACT/PHONE)
_____		_____
H) IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?		YES NO
IF YES, PLEASE PROVIDE DETAILS:		<input type="checkbox"/> <input type="checkbox"/>

I) DOES THE APPLICANT HAVE ANY SUBSIDIARIES NOT LISTED IN 1.A. ABOVE?		<input type="checkbox"/> <input type="checkbox"/>
IF YES, PLEASE PROVIDE DETAILS: _____		

J) HAS THERE BEEN ANY ACQUISITIONS OR DIVESTITURES WITHIN THE LAST 5 YEARS?		<input type="checkbox"/> <input type="checkbox"/>
IF YES, PLEASE DESCRIBE YOUR OBLIGATIONS FOR PAST, PRESENT AND FUTURE LIABILITIES:		

K) LIST ALL APPLICANTS' WEB SITES:		

L) ESTIMATED GROSS ANNUAL		
SALES/RECEIPTS \$ _____	DOMESTIC SALES \$ _____	FOREIGN SALES \$ _____
M) PAYROLL \$ _____	DOMESTIC PAYROLL \$ _____	FOREIGN PAYROLL \$ _____

2. DESCRIPTION OF OPERATIONS

3. PRIOR CARRIER INFORMATION

	YEAR 20__	YEAR 20__	YEAR ____	YEAR ____	YEAR ____
A) GENERAL LIABILITY					
CARRIER					
POLICY NO.					
POLICY TYPE	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC
RETROACTIVE DATE					
POLICY LIMITS: OCCURRENCE					
GEN. AGGREGATE					
PREMIUM					
SIR OR DED					
EXPENSE WITHIN POLICY LIMIT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
B) PRODUCTS LIABILITY					
CARRIER					
POLICY NO.					
POLICY TYPE	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC
RETROACTIVE DATE					
POLICY LIMITS: OCCURRENCE					
PROD. AGGREGATE					
PREMIUM					
SIR OR DED					
EXPENSE WITHIN POLICY LIMIT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
C) HAS ANY INSURER EVER CANCELLED, RESTRICTED OR REFUSED TO RENEW YOUR POLICY OR ANY COVERAGE IN THE PAST 5 YEARS?					
IF YES, PLEASE EXPLAIN:					YES NO
					<input type="checkbox"/> <input type="checkbox"/>
D) HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?					
IF YES, PLEASE EXPLAIN:					YES NO
					<input type="checkbox"/> <input type="checkbox"/>

4. CLAIMS HISTORY – FIVE YEARS OR MORE (LOSS RUNS MUST BE FURNISHED)

A) TOTAL AGGREGATES LOSSES, INCLUDING DEFENSE COSTS:

POLICY PERIOD	NO. OF CLAIMS	TOTAL AMOUNTS PAID		AMOUNTS IN RESERVE		VALUATION DATE
		INDEMNITY	EXPENSE	INDEMNITY	EXPENSE	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

B) DESCRIBE INDIVIDUAL LOSSES, VALUED \$25,000 OR MORE, INCLUDING DEFENSE COSTS:

C) ARE YOU AWARE OF ANY OTHER OCCURRENCES, INCIDENTS, CONDITIONS, DEFECTS OR SUSPECTED DEFECTS, WHICH MAY RESULT IN CLAIMS AGAINST YOU? YES NO

IF YES, GIVE DETAILS:

5. SPECIFIED PRODUCTS AND COMPLETED OPERATIONS

A) ONLY THOSE PRODUCTS AND SERVICES SPECIFIED BELOW WILL BE CONSIDERED FOR COVERAGE. REFER TO KEY BELOW

PRODUCTS (SPECIFIC CATEGORY)	APPLICANT ACTS AS AN A/AN:					NO. OF YEARS	% GROSS SALES	DOES APPLICANT		PRODUCTS SOLD TO				
	M	W	R	I	MR			INSTALL	REPAIR SERVICE	W	R	MC	C	O

M = MANUFACTURER R = RETAILER MR = MANUFACTURER'S REP OTHER (SPECIFY)
W = WHOLESALER I = IMPORTER C = CONSUMER-DIRECT

- B) HAVE YOU DISCONTINUED OR ARE YOU CONSIDERING DISCONTINUING ANY PRODUCT TO BE COVERED BY THIS INSURANCE? YES NO

IF YES, PLEASE DESCRIBE: _____
- C) ARE ANY NEW PRODUCTS PLANNED FOR SALE DURING THE NEXT 12 MONTHS?
- D) DO YOU IMPORT COMPONENT PARTS?
- E) DO YOU EXPORT PRODUCTS OR HAVE FOREIGN OPERATIONS?
- F) DO YOU KNOW THAT ANY OF YOUR PRODUCTS OR SERVICES IS USED IN CONNECTION WITH AIRCRAFT/MISSILES/AEROSPACE?
- G) ARE ANY OF YOUR PRODUCTS OR SERVICES SUBJECT TO REGISTRATION/REGULATION/REVIEW BY ANY GOVERNMENTAL AGENCY?

PLEASE EXPLAIN ANY "YES" ANSWERS: _____

6. SALES HISTORY

A) TOTAL SALES OR RECEIPTS FOR ALL PRODUCTS AND SERVICES
PAST 12 MONTHS \$ _____ 1ST PRIOR YEAR \$ _____ 2ND PRIOR YEAR \$ _____
DESCRIBE ANY SIGNIFICANT CHANGE IN PRODUCT SALES MIX BETWEEN ANY PRIOR YEAR AND NEXT YEAR'S PROJECTION:

- B) DO YOU WISH TO PROVIDE YOUR CUSTOMERS WITH VENDORS COVERAGE? YES NO

IF YES, NAME OF VENDOR: _____
YOUR PRODUCT: _____

7. PROCESSING, QUALITY CONTROL AND RECORDKEEPING

- A) DO OTHERS MANUFACTURE, ASSEMBLE, PACKAGE OR INSTALL PRODUCTS UNDER YOUR NAME OR LABEL? YES NO
- B) DO YOU MANUFACTURE, ASSEMBLE, PACKAGE OR INSTALL PRODUCTS FOR OTHERS UNDER THEIR NAME OR LABEL?
PLEASE EXPLAIN ANY "YES" ANSWERS: _____
- C) ARE WRITTEN QUALITY CONTROL AND TESTING PROCEDURES FOLLOWED?
- D) HOW LONG ARE QUALITY CONTROL AND TESTING RECORDS KEPT? _____
ARE YOU REQUIRED TO FILE THE TEST RESULTS WITH ANY REGULATORY BODY?
- E) CAN YOU IDENTIFY YOUR PRODUCT FROM THOSE OF COMPETITORS?
HOW? _____
- F) DO YOUR RECORDS INDICATE WHEN EACH PRODUCT WAS MANUFACTURED?
- G) DO YOUR RECORDS SHOW TO WHOM AND THE DATE EACH PRODUCT WAS SOLD?
- H) DO YOUR RECORDS SHOW WHO SUPPLIED THE COMPONENT PARTS GOING INTO YOUR PRODUCTS?
- I) DO YOU REQUIRE CERTIFICATES FROM YOUR SUPPLIERS EVIDENCING PRODUCTS LIABILITY INSURANCE?
PLEASE EXPLAIN ANY "NO" ANSWERS: _____

8. LOSS PREVENTION, LOSS CONTROL, CLAIM DEFENSE		YES	NO
A)	WHO DESIGNS YOUR PRODUCTS? _____ DO YOU REQUIRE CERTIFICATES EVIDENCING DESIGN OR ARCHITECTS AND ENGINEERS ERRORS AND OMISSIONS INSURANCE?	<input type="checkbox"/>	<input type="checkbox"/>
B)	ARE DESIGNS REVIEWED, TESTED AND VERIFIED BY OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>
C)	DO YOU MAINTAIN RECORDS OF CHANGES IN DESIGNS, ADVERTISEMENTS AND SALES BROCHURES?	<input type="checkbox"/>	<input type="checkbox"/>
D)	DOES LEGAL COUNSEL PERIODICALLY REVIEW ALL INSTRUCTIONS, OPERATING MANUALS, ADVERTISEMENTS AND WARRANTIES TO AVOID MISUNDERSTANDINGS RELATIVE TO PRODUCT SAFETY OR INTENDED USE? HOW OFTEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
E)	ARE YOUR PRODUCTS DESIGNED, TESTED, LABELED AND MANUFACTURED TO MEET OR EXCEED ALL APPLICABLE GOVERNMENT AND INDUSTRY STANDARDS?	<input type="checkbox"/>	<input type="checkbox"/>
F)	DO YOU EVER DRAW PLANS, DESIGNS OR SPECIFICATIONS FOR ANY PRODUCTS(S) FOR OTHERS? IF YES, DO YOU CARRY DESIGN OR ARCHITECTS AND ENGINEERS ERROR AND OMISSIONS INSURANCE?	<input type="checkbox"/>	<input type="checkbox"/>
G)	HAVE YOU SOLD ANY BUSINESS IN WHICH YOU RETAINED LIABILITIES? IF SO, PLEASE FURNISH DETAILS INCLUDING LIST OF PRODUCTS MANUFACTURED, ASSEMBLED, PACKAGED OR INSTALLED BY YOU PRIOR TO THE DATE SOLD: _____	<input type="checkbox"/>	<input type="checkbox"/>
H)	DO YOU HAVE A SPECIFIC PROGRAM TO WITHDRAW KNOWN OR SUSPECTED DEFECTIVE PRODUCTS FROM THE MARKET?	<input type="checkbox"/>	<input type="checkbox"/>
I)	HAVE YOU EVER RECALLED (EITHER VOLUNTARILY OR INVOLUNTARILY) OR ARE YOU CONSIDERING RECALLING ANY KNOWN OR SUSPECTED DEFECTIVE PRODUCTS FROM THE MARKET? IF YES, PLEASE FURNISH DETAILS: _____	<input type="checkbox"/>	<input type="checkbox"/>
J)	DO YOU FURNISH ANY GUARANTEES, WARRANTIES, OR HOLD HARMLESS AGREEMENTS? IF YES, PLEASE FURNISH DETAILS: _____	<input type="checkbox"/>	<input type="checkbox"/>
K)	LIST YOUR MEMBERSHIPS IN ANY INDUSTRY PRODUCT-STANDARD ORGANIZATIONS (EX: ISO 9000): _____		

9. GENERAL INFORMATION		YES	NO
A)	ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>	<input type="checkbox"/>
B)	ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	<input type="checkbox"/>	<input type="checkbox"/>
C)	DO OPERATIONS INVOLVE STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIALS? (E.G., LANDFILLS, WASTES, FUEL TANKS, ETC)	<input type="checkbox"/>	<input type="checkbox"/>
D)	ANY MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>
E)	ANY MEDICAL FACILITIES PROVIDED OR DOCTORS EMPLOYED/CONTRACTED?	<input type="checkbox"/>	<input type="checkbox"/>
F)	IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	<input type="checkbox"/>
G)	ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	<input type="checkbox"/>	<input type="checkbox"/>
H)	ANY SPORTING OR SOCIAL EVENTS SPONSORED?	<input type="checkbox"/>	<input type="checkbox"/>
I)	ARE CERTIFICATES OF INSURANCE REQUIRED FROM ALL SUBCONTRACTORS?	<input type="checkbox"/>	<input type="checkbox"/>
J)	DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?	<input type="checkbox"/>	<input type="checkbox"/>
K)	ANY HOISTS, CRANES OR MOBILE EQUIPMENT OWNED, OPERATED, MAINTAINED OR USED IN YOUR OPERATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
	EXPLAIN ALL "YES" RESPONSES: _____		

10. DESIRED PROGRAM

CGL

PRODUCTS ONLY

LIMITS OF INSURANCE REQUESTED

GENERAL AGGREGATE _____ \$ _____

PRODUCTS AND COMPLETED OPERATIONS AGGREGATE: _____ \$ _____

EACH OCCURRENCE: _____ \$ _____

PERSONAL AND ADVERTISING INJURY LIMIT: _____ \$ _____

DAMAGE TO PREMISES RENTED (ANY ONE FIRE): _____ \$ _____

MEDICAL EXPENSES: _____ \$ _____

DEDUCTIBLE

SELF-INSURED RETENTION

\$

PER OCCURRENCE OR OFFENSE

PER CLAIM

INCLUDES DEFENSE

OPTIONAL COVERAGES (DESCRIBE LIMITS, DEDUCTIBLE, ETC.):

NAME, ADDRESS, TEL.NO. OF INSURED'S CLAIMS ADJUSTMENT SERVICE

SCHEDULE OF HAZARDS

LIST LOCATIONS (Loc. No., Street, City, Zip, Rating Terr.):

CLASSIFICATION

CLASS CODES

PREMIUM BASIS (Indicate amount and if payroll, sales, each, unit, etc.)

NOTICE TO KENTUCKY, NEW YORK AND OHIO APPLICANTS: 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 ACT, WHICH IS A CRIME AND IN NEW YORK PUNISHABLE BY A FINE OF UP TO \$5,000.

APPLICANT'S SIGNATURE AND TITLE

DATE

PRODUCER'S SIGNATURE AND TITLE

DATE

IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Northfield compensates its agents, brokers and program managers, please visit this website:

http://www.northlandins.com/Producer_Compensation_Disclosure.asp

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northfield Insurance Company, c/o Law Department, 385 Washington St., St. Paul, MN 55102.