



DISCONTINUED PRODUCTS APPLICATION

Dependent upon state authority, you are applying for insurance coverage provided by and underwritten by one of the following insurance companies of ARGO GROUP US:

COLONY INSURANCE COMPANY ▪ COLONY SPECIALTY INSURANCE COMPANY

Name of Applicant: _____

Mailing Address: _____

Website Address: _____

1. Has any legal or trade name of the Applicant changed (including the last 10 years)? Yes No

If Yes, please explain:

2. Any bankruptcies or liens against the Applicant or other parties to the transaction? Yes No

If Yes, please explain:

3. Describe the transaction (Please select one):

- Discontinuation of Business or Product Line
- Total Purchase/Sale or Merger
- Purchase or Sale of Specific Product or Service Line
- Other _____

4. Applicant's Role in the transaction (Please select one): Buyer Seller Other (Explain): _____

Seller's Name: _____

Buyer's Name: _____

Year Seller began Ownership of Assets or Business being transferred: _____

5. Will the Seller remain in business as a viable entity after the transaction? Yes No

If yes, please explain:

6. Has any insurer ever cancelled or refused to renew any coverage? Yes No

If yes, please explain:

EXPOSURE INFORMATION

1. Describe all businesses, operations and products (current and prior), including complete descriptions of all applicable entities. Include separate attachments as necessary.

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2. Describe any assets, businesses, entities, operations, products or services that have been (or to be) discontinued, divested or sold (including the last 10 year).

Year	Transaction Type/ Description	Product/ Project Life Span (Months or Years)	Amount Still Viable and In Use (\$)

3. With respect to any discontinued, divested, or sold assets, businesses, entities, operations, products or services, describe any liabilities that have been assumed or retained by the Applicant.

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Sales: List sales for the last 10 years.

Year	USA/Canada Sales (\$)	Foreign Sales (\$)	Total Sales (\$)

Products

Include separate attachments as necessary.

1. Expected Product life spans: _____ Years _____ Months
2. Any products used in connection with aircraft/aerospace or watercraft? Yes No
If Yes, please explain: _____
3. Any products used in connection with automobiles, other vehicles, or mobile equipment? Yes No
If Yes, please explain: _____
4. Any products used in connection with nuclear or other energy-related facilities? Yes No
If Yes, please explain: _____
5. Explosive or flammable products? Yes No
If Yes, please explain: _____
6. Contaminative, pathogenic, toxic/poisonous, or other pollutant or hazardous products? Yes No
If Yes, please explain: _____
7. Any products containing asbestos, silica, lead or other hazardous materials? Yes No
If Yes, please explain: _____
8. Any drug, medical device, dietary supplement or cosmetic related products? Yes No
If Yes, please explain: _____
9. Any alcohol, firearm, or tobacco related products? Yes No
If Yes, please explain: _____

10. Any children's products? Yes No
 If Yes, please explain: _____
11. Foreign sourced products distributed in the USA or used as components? Yes No
 If Yes, please explain: _____
12. Any products or services discontinued or recalled in the last 10 years? Yes No
 If Yes, please explain: _____

LOSS PREVENTION AND QUALITY CONTROL

Include separate attachments as necessary.

1. Describe the formal Loss Prevention and Quality Control Programs.

2. Describe how you identify and distinguish your products from similar (competitor) products at the time of loss.

3. All advertising materials, instruction manuals, packaging and warning labels reviewed by legal counsel? Yes No
 If no, please explain:

4. Describe how you identify and quantify products by date of manufacture and sale at time of loss.

5. Does the Applicant maintain the following records:
- | | | |
|---|------------------------------|-----------------------------|
| When and where products were manufactured? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| To whom products were sold and the date of sale? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Who supplied parts and supplies going into parts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Quality control and product/material tests? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

6. Describe record keeping practices - by whom, where and for how long records are maintained.
 By Whom: _____
 Where: _____
 Amount of Time: _____

7. Does the Applicant have in place formal Product Recall Plans? If yes, please attach. Yes No

LOSS EXPERIENCE

Include separate attachments as necessary.

1. Is the applicant aware of any circumstances, injuries, or offenses that might lead to a claim or suit being filed, including losses arising out of discontinued, divested or sold businesses or operations, or products no longer manufactured or sold? Yes No
 If Yes, please explain:

2. Any judgments or settlements that are sealed or not disclosed within this Application? Yes No
 If Yes, please explain:

3. Any investigation or litigation by any governmental or regulatory authority? Yes No
 If Yes, please explain:

4. Please provide currently valued company and TPA loss runs for the past 10 years.

UNDERWRITING INFORMATION

Include separate attachments as necessary.

As part of this Application, please attach copies of:

Purchase/Sale/Acquisition/Merger Transaction Agreements

Including all schedules, exhibits and disclosure statements.

Letters of Intent, Prospectus, Side Agreements

Including all letters relating to the transaction.

Loss Runs

The last 2 years of audited Financial Statements (or other pertinent financial information)

For the seller/entity being acquired and (if applicable) the entity acquiring the operations, and all other financial statements available.

ANY CLAIMS ARISING OUT OF CIRCUMSTANCES KNOWN TO YOU (WHICH OTHERWISE WOULD BE LIKELY TO GIVE RISE TO CLAIM UNDER THE PROPOSED INSURANCE) ARE EXCLUDED FROM COVERAGE UNDER ANY EVENTUAL INSURANCE WE MAY PROVIDE

COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

GENERAL FRAUD STATEMENT (Not applicable in all states.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

 Applicant's Printed Name & Title

 Applicant's Signature

 Date

PRODUCER (Insurance Agent or Broker)	INSURANCE AGENCY OR BROKERAGE
INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT OR BROKER LICENSE NO.
ADDRESS OF AGENT OR BROKER (Include Street, City and Zip Code)	
E-MAIL ADDRESS OF AGENT OR BROKER	
INSURANCE AGENT'S SIGNATURE	DATE