



PRODUCTS AND COMPLETED OPERATIONS LIABILITY APPLICATION

ALL APPLICANTS (EXCEPT VIRGINIA): BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER COLONY INSURANCE COMPANY, AN AUTHORIZED SURPLUS LINES INSURER OR ARGONAUT INSURANCE COMPANY OR COLONY SPECIALTY INSURANCE COMPANY, A LICENSED INSURER. VIRGINIA APPLICANTS: BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER COLONY SPECIALTY INSURANCE COMPANY, AN AUTHORIZED SURPLUS LINES INSURER OR ARGONAUT INSURANCE COMPANY OR COLONY INSURANCE COMPANY, A LICENSED INSURER.

GENERAL INFORMATION

Applicant / First Named Insured: _____

Address: _____

Website: _____

Contact Name: _____ Title: _____ Phone Number: _____

Business Description: [] Corporation [] Partnership [] Proprietorship [] Other (Specify): _____ [] Manufacturer [] Wholesaler [] Retailer [] Importer [] Exporter

Proposed Effective Date: _____ Years in business under present name: _____

1. Have any of the principals ever engaged in this or similar enterprises under a different name? [] Yes [] No If "Yes", explain: _____

2. Is there a current affiliation with any other firms? [] Yes [] No If "Yes", explain: _____

3. Gross sales estimate for upcoming year: Domestic: \$ _____ Foreign: \$ _____

4. Payroll estimate: \$ _____

SPECIFICATIONS

1. Limits of Liability: Requested \$ _____ Current \$ _____

2. Self Insured Retention or Deductible (specify): Requested \$ _____ Current \$ _____

3. Retro Date (if applicable) _____

4. Present Insurer: _____ Premium: \$ _____

5. Has any insurer ever canceled, restricted or refused to renew your products liability insurance? [] Yes [] No Missouri Applicant's do not answer. If "Yes", explain: _____

PRODUCTS AND COMPLETED OPERATIONS

1. Completely describe your product(s) and services to be insured and end use. Show the number of years involved in each product, percentage of gross annual sales, and which products you install, service or repair.

Products and Services	Years	Principal End Uses	Install/Service/Repair	% of Gross Sales

2. Products acquired via acquisition or merger:

3. Do you assume liabilities for these products? Yes No
 If "Yes", explain:

4. Do you retain the liabilities for any products or operations that you no longer control? Yes No
 If "Yes", explain:

5. Do you plan the introduction of any new products? Yes No
 If "Yes", explain:

6. Have you discontinued any products? Yes No
 If "Yes", explain and include date(s) discontinued:

7. Sales History

Sales	Main Product or Service	Percent of Total
Past 12 months		%
1 st previous year		%
2 nd previous year		%
3 rd previous year		%
4 th previous year		%
Replacement Parts are what percentage of total sales		%

8. Has there been a significant change in product mix? Yes No

9. Do you import products or component parts? Yes No

10. Do you export products or have foreign operations? Yes No

11. Could any of your products be classified as:
- a. Pharmaceuticals? Yes No
 - b. Cosmetics? Yes No
12. Are any of your products sold under another's name or label? Yes No
13. Do you purchase materials or component parts from others? Yes No
14. Could any of your products or services be used on or in connection with:
- a. Aircraft or missiles? Yes No
 - b. Watercraft or offshore operations? Yes No
 - c. Transportation? Yes No
15. Do you make or handle any product that is explosive, flammable or poisonous either by itself or in combination with other materials? Yes No
16. Do you assemble your products?
If assembled by others, do you supervise? Yes No
17. If installed by others, do you supervise or furnish instructions as to installation?
If "Yes", attach a copy. Yes No
18. Percentage of total sales to: Wholesalers: _____ Retailers: _____ Consumers: _____

19. If more than 15% of your goods or services are consumed in any one city, state, or country, explain and indicate percentage of total sales:

20. Supplies and Distributors:
- a. Do you hold them harmless or insured them? Yes No
 - b. Do they hold you harmless or insure you? Yes No

If "Yes", to either above, explain:

CLAIMS HISTORY: 5 years or more (attach a currently valued hard copy from prior carriers)

1. Total aggregate losses, from first dollar, including expenses.

Policy Period	No. of Claims	Total Amounts Paid (Indemnity / Expense)	Amount Reserved (Indemnity / Expense)	Total Incurred	Evaluation Date

2. Individual losses valued at \$10,000 or more, from first dollar including expense.

Date of Claim	Product Involved	Total Amounts Paid (Indemnity / Expense)	Amounts Reserved (Indemnity / Expense)	Describe Occurrence and Injury or Damage

3. Are you aware of any other incidents, which may result in claims against you? Yes No

If "Yes", give details:

LOSS PREVENTION / PRODUCT DESIGN / QUALITY CONTROL

1. Have your products ever been subject to inquiry or investigation relative to product safety by any governmental agency? If "Yes", attach details. Yes No

2. Do you have a written products recall plan? If "Yes", attach a copy. Yes No

3. Have you ever recalled products because of a potential product safety hazard? If "Yes", attach details indicating percent of recovery. Yes No

4. Do you do your own design work? Yes No

5. Do you maintain record of design changes and reasons justifying these changes? Yes No

6. Are your designs subject to independent external review, testing or certification? If "Yes", attach details along with dates. Yes No

7. Are your products designed, tested, labeled and manufactured:
 a. To meet or exceed all government and industry standards? Yes No
 b. For optimum safety in spite of misuse or abuse? Yes No

8. Are written testing procedures followed? Yes No

9. How long are quality control and testing records kept? _____

10. Do you have a quality control manager responsible only to top management? Yes No

11. Supplies and components:
 a. Are they ordered to your specifications? Yes No
 b. Have you determined which ones are critical to safety of your final product? Yes No
 c. List those critical items; indicating whether testing is on a sample basis or on all units:

d. Are warranties obtained from all suppliers? Yes No

INSTRUCTIONS/WARNING/LOSS CONTROL/DEFENSE

1. Are instructions, warning labels and advertising texts provided to your customers? Yes No

2. Do warning labels comply with federal statutory warning label requirements? Yes No

3. Do you provide any specific training/instruction for the ultimate user in the proper use of your product? Yes No

If "Yes", describe:

4. Are instructions, warning, labels and advertising texts subject to review, to assure that they are complete and understandable to the ultimate user, and to avoid overstatement relative to safety or omissions relative to hazards, by:
 a. Legal counsel? Yes No
 b. Top management? Yes No
 c. Other? If "Yes", attach details. Yes No

5. Do they expressly disclaim or limit warranties of your products? Yes No

6. Are all warranties and/or disclaims reviewed by legal counsel? Yes No
Submit copies of all warranties and disclaimers.

7. Explain how you identify your products and parts from similar competitor's products and parts:

8. Can you determine, based on available records for all products you have sold:

- a. When any given product item was manufactured? Yes No
- b. To whom it was sold, and the dates of sale? Yes No
- c. Who supplied parts and supplies going into the final product? Yes No

9. Do you maintain copies of old instruction or operations manuals and advertising material? Yes No

10. Accident Procedures:

- a. Do you have written procedures for obtaining information about product complaints, accidents and injuries involving your product(s)? Yes No
- b. Have you made distributors aware of your desire for prompt notice of all complaints, accidents and injuries involving your product(s)? Yes No
- c. Does your procedure provide for examining and preserving any allegedly defective product, with the results of such examination recorded? Yes No
- d. Do reports on complaints, accidents, injuries and examination of products involved, go to:
 - i. The person responsible for product safety? Yes No
 - ii. Top Management? Yes No

Check to ensure that all questions have been answered. Also attach explanations for the questions above that request further information. If any written brochures, labels, instructions or other written statements accompany any products, attach copies.

Attach FRAUD STATEMENTS, FS-APP001, to this application of insurance.

FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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.

Alabama

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.

Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia

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.

Colorado

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

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.

Kansas

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.

Kentucky

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.

Maine

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 denial of insurance benefits.

Maryland

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.

New Jersey, New Mexico

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 civil fines and criminal penalties.

Ohio

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.

Oklahoma

WARNING: 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.

Oregon

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Pennsylvania

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.

Pennsylvania (Auto)

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

Tennessee, Virginia, 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

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.

New York (Auto)

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

SIGNATURES

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

APPLICANT/NAMED INSURED

APPLICANT/NAMED INSURED SIGNATURE	DATE
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Agent/Broker:

Are you personally familiar with this Applicant's operations?
 Did your office control this risk in the past year?

Yes No
 Yes No

AGENT'S OR BROKER'S NAME AND ADDRESS	TELEPHONE NUMBER	LICENSE NO.
AGENT'S OR BROKER'S SIGNATURE		DATE