



**Boston Insurance Specialists, Inc.**

800 South Main Street, Suite 101, Mansfield, MA 02048  
Phone: 800.784.1887, Fax: 508.337.3698

**PRODUCTS LIABILITY APPLICATION**

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**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)

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

**Website Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

1. **Limit Desired:**..... \$ \_\_\_\_\_

2. **Deductible Desired:**..... \$ \_\_\_\_\_

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

4. **Location(s) at which product(s) are manufactured by the applicant:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. **Location(s) from which product(s) are distributed directly by the applicant:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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- 6. **Of what materials or components is each product principally composed?** \_\_\_\_\_  
\_\_\_\_\_
- 7. **a. Does applicant compound ingredients?** .....  Yes  No  
**b. Does applicant package the product?** .....  Yes  No
- 8. **Are all products sold under the applicant's label?** .....  Yes  No  
If no, describe: \_\_\_\_\_
- 9. **Does applicant manufacture the product?** .....  Yes  No  
If no, what component parts are purchased? \_\_\_\_\_
- 10. **Is any of the applicant's work subcontracted to others?** .....  Yes  No  
If yes, state type and percentage: \_\_\_\_\_
- 11. **Are any parts purchased from foreign manufacturers?** .....  Yes  No  
If yes, describe: \_\_\_\_\_
- 12. **Does applicant assemble the product?** .....  Yes  No
- 13. **a. Has the product been tested by Underwriters Laboratories?** .....  Yes  No  
**b. Is it UL listed?** .....  Yes  No
- 14. **What percentage of sales are for replacement parts?** ..... \_\_\_\_\_%
- 15. **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  
If yes, attach full details and result of such inquiry.
- 16. **Does applicant maintain and/or service the products?** .....  Yes  No  
If yes, attach full details including copy of standard written service contract and gross receipts from this source.
- 17. **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
- 18. **Does applicant maintain complete inventory records of shipments and/or deliveries to consignees?** .....  Yes  No  
If yes, are serial and/or batch numbers shown on the shipment invoices? .....  Yes  No
- 19. **Does applicant keep samples of products involved in quality control procedures?** .....  Yes  No  
If yes, how long are samples retained? \_\_\_\_\_
- 20. **Does applicant have a products recall plan?** .....  Yes  No  
If yes, attach description.
- 21. **Has applicant ever recalled any of their products for any reason?** .....  Yes  No  
If yes, attach details.



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22. Is original installation of products performed by the applicant's employees? .....  Yes  No  
If no, does the installer supply parts not manufactured by the applicant? .....  Yes  No

23. Are any of the applicant's products subject to deterioration? .....  Yes  No  
If yes, describe and indicate period of time: \_\_\_\_\_

24. Are any of the applicant's products inflammable or explosive? .....  Yes  No  
If yes, attach details.

25. Does applicant issue guarantees or warranties to purchasers? .....  Yes  No  
If yes, for what periods does the applicant guarantee or warrant their products? \_\_\_\_\_  
Attach full details and copy of applicant's form of guarantee or warranty.

26. 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.

27. Are any of the dealers, etc., affiliated with the applicant? .....  Yes  No  
If yes, explain: \_\_\_\_\_

28. If applicant is a distributor, is the applicant insured by the manufacturer? .....  Yes  No

29. Is the applicant's product used by the aircraft industry? .....  Yes  No

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  
If yes, attach details.

31. Does applicant plan to manufacture any new products to be marketed within the next twelve (12) months? .....  Yes  No  
If yes, attach description.

32. Has applicant ceased to manufacture any products during the past five years? .....  Yes  No  
If yes, attach description and sales by year.

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

34. Show sales for the past five years (attach list if necessary):

No.	Year	Gross Sales	Product Name
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	



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35. What are the estimated sales for this year? ..... \$ \_\_\_\_\_

36. Provide five years of claims history in following form or equivalent:

No.	Claims Paid			Reserves Open		
	Year	Number	Amount	Number	Amount	Insurer's Name
1.			\$		\$	
2.			\$		\$	
3.			\$		\$	
4.			\$		\$	
5.			\$		\$	

37. Has any insurer ever canceled, nonrenewed, declined or refused to issue products liability insurance to the applicant? .....  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.

**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. **(Not applicable to Oregon.)**

**NOTICE TO ALABAMA APPLICANTS:** 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.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.



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**NOTICE TO MAINE APPLICANTS:** 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 a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** 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.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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 AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, 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.

**NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.



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**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. (Kansas: This does not constitute a warranty.)

APPLICANT NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_

(Applicable in Iowa Only)