



APPLICATION FOR MANUFACTURERS' PRODUCT ENGINEERING OR DESIGN ERRORS & OMISSIONS INSURANCE

(Claims Made Basis)

APPLICANT'S INSTRUCTIONS:

- 1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION. (PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

- a. Full name of individual or entity to be Named Insured:
b. Principal business premise address: (Street) (County) (City) (State) (Zip)
c. Phone: d. [ ] Corporation [ ] Partnership [ ] Proprietorship [ ] Other
Years in business under present name:
e. Number of Employees: Full time Part time Seasonal Total
f. Were you previously known by another name?
g. Estimate for new policy year: SALES/RECEIPTS \$

2. SPECIFIED PRODUCTS FOR WHICH COVERAGE IS DESIRED

- a. Only those products specified below will be considered for coverage.

Table with 4 columns: Products, No. of Years Manufactured, Date of Design Completion or Last Modification, % of Gross Sales

- b. With respect to each product specified above, please provide full details on an attached sheet, including the exact use of the product, to whom it is sold, identify the ultimate uses, how the product is used, specifications accompanying it and brochures/literature for such product.
c. Have you discontinued or are you considering discontinuing any product to be covered by this insurance? [ ] Yes [ ] No
If yes, please provide full details as to why such product was discontinued or why you are considering discontinuing such product.
d. Do you import component parts used in the products listed below? [ ] Yes [ ] No
e. Are any of the products listed above used in connection with aircraft/missiles/aerospace? [ ] Yes [ ] No
f. Are any of your products listed above subject to registration/regulations/review by any governmental agency? [ ] Yes [ ] No
Please explain any "Yes" answers.

**3. OPERATIONS**

a. Total Sales or Receipts for all products specified in Question 2.

Past 12 months \$\_\_\_\_\_ 1st Prior Year \$\_\_\_\_\_ 2nd Prior Year \$\_\_\_\_\_

Describe any significant change in the sales mix of such products between any prior year and next year's projection:

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

b. Please provide copies of all warranties, guarantees or representations made in connection with the products specified in Question 2, and labeling materials for such products.

c. (i) Processing:

(a) Do others design, engineer, manufacture, assemble or package any of the products or components thereof for which coverage is desired under your name or label?.....[ ] Yes [ ] No

(b) Describe all testing procedures for each product specified in Question 2 and submit the test results of such products including tests and results performed subsequent to the initial sale of such products. \_\_\_\_\_

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

Explain any "Yes" answers: \_\_\_\_\_

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

(ii) Design and Engineering Development Control and Record Keeping with respect to Products Specified in Question 2 above:

(a) Are written design and engineering control and testing procedures followed?.....[ ] Yes [ ] No

(b) How long are they kept? \_\_\_\_\_

(c) Do your records indicate when each product was designed?.....[ ] Yes [ ] No

(d) Do your records show to whom and the date each product was sold?.....[ ] Yes [ ] No

(e) Do your records show who supplied the component parts going into your products?.....[ ] Yes [ ] No

Please explain any "No" answers: \_\_\_\_\_

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

**4. LOSS CONTROL**

With respect to those products for which coverage is desired:

a. Who designs your products? \_\_\_\_\_  
(Please attach their professional qualifications.)

b. Are designs reviewed, tested and verified by others? .....[ ] Yes [ ] No

c. Do you maintain records of changes in designs, advertisements and sales brochures?.....[ ] Yes [ ] No

d. Are all instructions, operating materials, advertisements and warranties periodically reviewed by Legal Counsel to avoid misunderstanding relative to product safety, intended use, product performance, quality, fitness, or durability?.....[ ] Yes [ ] No

e. Do the warranties you issue in connection with your products contain time constraints within which detected substandard performance must be reported to you?.....[ ] Yes [ ] No

f. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards?.....[ ] Yes [ ] No  
Please explain any "No" answers to questions b. through f. on an attached sheet.

g. Do you have a specific program to withdraw known or suspected defectively designed products from the market?.....[ ] Yes [ ] No

- h. To what extent do the levels of performance designed into your products exceed the levels of performance specified in your literature? \_\_\_\_\_  
\_\_\_\_\_
- i. Have you ever recalled or are you considering recalling any known or suspected defectively designed products from the market?.....[  ] Yes [  ] No  
If yes, please specify which products. \_\_\_\_\_  
\_\_\_\_\_
- j. List your memberships in any industry product-standard organizations:  
\_\_\_\_\_  
\_\_\_\_\_

**5. CLAIMS/HISTORY**

- a. Please attach a list describing, in detail, (including date claim was made, name of claimant, nature of the claim, amounts involved and final disposition) all claims made against you involving or in any way related to the failure of products, designed by or on your behalf to meet the level of performance, quality, fitness or durability warranted or represented by you.
- b. Are you aware of any other incidents, conditions, circumstances, defects, suspected defects, or product failure with respect to the products specified above which may result in claims against you? .....[  ] Yes [  ] No  
If yes, please give details. \_\_\_\_\_  
\_\_\_\_\_
- c. Limits of Liability Desired:\_\_\_\_\_ Retroactive Date: \_\_\_\_\_  
Deductible/S.I.R.\_\_\_\_\_ Present Insurer: \_\_\_\_\_
- d. Are you currently insured under a Products/General Liability Policy?.....[  ] Yes [  ] No  
If yes: Insurance Company: \_\_\_\_\_ [  ] Occurrence [  ] Claims Made  
Limits: \_\_\_\_\_ Effective Dates: \_\_\_\_\_  
Retroactive Date: \_\_\_\_\_
- e. Has any insurer ever canceled, restricted or refused to renew your products liability insurance or product design insurance? .....[  ] Yes [  ] No  
If yes, please attach details.

\* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy.

WARRANTY: I/We warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. **I/We authorize the release of claim information from any prior insurer to Markel Shand, Inc., Underwriting Manager for the Company.**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.



Ten Parkway North, Deerfield, IL 60015  
 (847) 572-6000 Fax (847) 572-6137  
 Underwriting Manager

- o DEERFIELD INSURANCE COMPANY
- o EVANSTON INSURANCE COMPANY
- o ESSEX INSURANCE COMPANY
- o MARKEL AMERICAN INSURANCE COMPANY
- o MARKEL INSURANCE COMPANY

If you obtained this application at [www.markelshand.com](http://www.markelshand.com), please submit this application through your local insurance professional.

**DISCLOSURE NOTICE OF TERRORISM  
 INSURANCE COVERAGE AND ELECTION FORM**

RE:  
 Risk ID. No.:

You are hereby notified that under the Terrorism Risk Insurance Act as amended, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that where coverage is provided by this policy for losses caused by certified acts of terrorism, such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under this formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

You should also know that the Terrorism Risk Insurance Act as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

**SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**

**PLEASE ENTER “X” IN ONE OF THE BOXES BELOW AND SIGN AND DATE WHERE INDICATED BELOW.**

**Alaska, Florida, Georgia and Oklahoma Applicants:** Please be advised that in the event a policy is purchased, the policy premium will include a 1% surcharge for Terrorism Coverage unless you elect to decline Terrorism Coverage. You need to enter an "X" below if you wish to decline Terrorism Coverage.

	I hereby elect to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy premium will include a 3% surcharge for this coverage.
	I decline to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy will be endorsed to exclude the Terrorism Coverage required to be offered under the Act.

\_\_\_\_\_  
 Name of Applicant

\_\_\_\_\_  
 Title (Officer, partner, etc.)

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

SIGNING this Disclosure Notice does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance.