

**LEXINGTON INSURANCE COMPANY
IBNR & DISCONTINUED PRODUCTS LIABILITY
APPLICATION**

1. Applicant & Subsidiary Name(s): _____

2. Address: _____

3. Who will be responsible for any Self Insured Retention or Deductible?
(Attach current annual financial statement including footnotes)

4. Why and for how long is IBNR or Discontinued Products Liability Coverage needed?
(Outline details contained in any merger or acquisition contract regarding product liability including who is responsible for claims arising out of existing inventory, who is responsible for claims incurred but not reported and ongoing claims involving product currently in the marketplace). Attach a copy of the contract if available.

5. Describe the products to be covered. Include a product description, the number of years on the market, the estimated unit count and the estimated product life. _____

6. How can these products be distinguished from competitor's products or products manufactured by the entity making the acquisition (if applicable)? _____

7. Have any of these products been recalled or subject to an inquiry or investigation relative to product safety by a government agency? Describe. _____

8. Give the name and industry of the three largest customers.

9. Please provide at least 5 years of historical sales information:

Year	Sales Estimate
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. Please attach at least 5 years of insurance company and if applicable TPA loss runs valued within the last 90 days. Please include a detailed description of any large losses.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION SHALL FORM THE BASIS ON WHICH THE POLICY IS ISSUED AND THE APPLICANT WARRANTS ALL SUCH STATEMENTS TO BE TRUE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

DATED AT _____ THIS _____ DAY OF _____ 20 _____

NAME OF APPLICANT _____

**SIGNATURE OF AUTHORIZED REPRESENTATIVE OF APPLICANT _____
TITLE _____**