

# LEXINGTON INSURANCE COMPANY

## PRODUCTS LIABILITY APPLICATION

**NOTE:** This Application is to be signed and dated by an officer/principal of the applicant. All questions must be answered.

### A. APPLICANT

1. Give the full name of applicant and subsidiary companies:

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2. Principal address:

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3. Corporation:  Partnership   
Proprietorship:   
Other (specify): \_\_\_\_\_

4. Sales/receipts estimate for the next 12 months:

Domestic:	\$	U.S.	\$	Cdn.	\$	Other (specify)
Foreign:	\$	U.S.	\$	Cdn.	\$	Other (specify)

5. Payroll estimate for the next 12 months:

Domestic:	\$	U.S.	\$	Cdn.	\$	Other (specify)
Foreign:	\$	U.S.	\$	Cdn.	\$	Other (specify)

6. How many years has applicant been in business under the current name?

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7. Have any of the principals ever engaged in this or similar enterprises under a different name?

YES  NO  (If YES, attach details)

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8. Please state the name, title and telephone number of the person we may contact

in order to arrange for an inspection of your operations.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Tel. #: \_\_\_\_\_

**B. PRODUCTS AND SERVICES**

9. Describe the products and services of the applicant and show the number of years each product or service has been offered.

\_\_\_\_\_

10. Give the name/industry of the three largest customers:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

11. Who performs the installation/maintenance of the applicant's product(s)?

A. Applicant   
B. Customer   
C. Third Party hired by:  
    1. Customer:   
    2. Applicant:

(If more than one method used, please explain.)

If Applicant performs these services, state payroll therefor  
\$ \_\_\_\_\_

12. Have any products been discontinued?

(If so, state reason, year discontinued, and sales for that year and 2 prior years.)  
YES  NO  (If YES, please give details)

13. Does applicant retain the liability for any products or operations which they no

longer control?

YES

NO

(If YES, please explain.)

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14. A. Have any products been acquired by merger or acquisition? (If so, explain)

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14. B. Did the applicant assume liability for these products? (If so, explain)

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15. Sales in the last five years:

<b>Yr.</b>	<b>Term</b>	<b>Total Sales</b>	<b>Main Product</b>	<b>Percent of Total</b>
1.				
2.				
3.				
4.				
5.				

16. Will any new products be introduced in the next 12 months? (If yes, explain)

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17. Do you import products or component parts? (Explain)

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18. Have you ever recalled products due to a potential safety hazard or provided material or information for a retrofit of one of your products?  
 YES  NO  (If so, attach details and state percentage of product retrofitted or recovered)
19. Have any of your products ever been subject to inquiry or investigation relative to product safety by a governmental agency?  
 YES  NO  (If so, attach details).
20. Can your products be identified from the products of your competitors?  
 YES  NO  (If so, explain how this is done)

**C. PRIOR INSURANCE**

21. Who was your insurer in the last 3 years? (If self-insured, so state)
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22. State limit of liability, SIR or deductible (specify which), retroactive date (if any), rate and premium:

<b>Year</b>	<b>Carrier</b>	<b>Limit</b>	<b>DED/SIR</b>	<b>Rate/ Premium</b>
1				
2				
3				

23. If you have been self-insured or had an SIR, who adjusted the claims and established reserves?
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24. Has any carrier canceled, restricted or refused to renew your products liability

insurance in the past five years?  
YES  NO  (If YES, attach details)

25. Are any of your products intended for use on or in connection with:

Aircraft or missiles? YES  NO

Watercraft? YES  NO

Offshore operations? YES  NO

26. Do you require certificates of insurance from your suppliers?

YES  NO  (If so, indicate minimum limit acceptable)

27. Do you provide insurance to your distributors?

YES  NO  (If so, explain)

28. Are your products designed, tested, labeled and manufactured to meet or exceed all industry or government standards?

YES  NO

29. State which standards or approval agencies are used.

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**D. PRODUCTS LIABILITY CLAIM HISTORY**

30. Please attach at least 5 years data on claims - both total losses from first dollar, indemnity, and expenses and specific data on individual losses paid or reserved for \$10,000 or more (first dollar including expenses)

A. Aggregate Losses

Attach a listing of aggregate losses for at least five years and include policy period, carrier, number of claims, indemnity paid, expense paid, indemnity reserve, expense reserve and the valuation date. Loss amounts must be from first dollar.

B. Individual Losses Greater than \$10,000

Attach a list of the claims showing claimant, date of accident, date claim made, describe accident, injuries incurred, amounts paid and/or reserved (separately for indemnity and expense)

31. Has there been a significant change in your products or mix of products sold in the last 5 years?

YES

NO

(If so, explain)

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32. Do you have a written procedure for the handling of complaints about your products and accidents/injuries involving your products?

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33. Is a written record of all such complaints, accidents, injuries maintained?  
YES  NO

34. Who is the individual or the department responsible to maintain these records?

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**PLEASE CHECK TO ENSURE THAT ALL QUESTIONS HAVE BEEN ANSWERED**

Attach copies of:

- \* Product brochures/catalogs
- \* Latest annual report
- \* Last annual audited financial statement

Also attach explanations to questions which may be useful.

Signature of applicant: \_\_\_\_\_

**(Note:** By signing this application, neither the individual nor the company is bound to purchase any insurance in connection therewith)

By signing this application, I am attesting to the accuracy of the information provided.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_

Name of Broker: \_\_\_\_\_