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DISCONTINUED PRODUCTS APPLICATION

APPLICANT'S INSTRUCTIONS

- 1) ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTION IS NONE, PLEASE STATE NONE.
- 2) APPLICATION MUST BE SIGNED AND DATED BY OWNER, PARTNER, OFFICER OR PRINCIPAL.
- 3) BROCHURES, COPIES OF GUARANTEES, WARRANTIES AND HOLD HARMLESS AGREEMENTS FURNISHED BY THE NAMED INSUREDS SHOULD ACCOMPANY THE APPLICATION.
- 4) THE LATEST 10K AND 10Q, OR IF A PRIVATELY HELD BUSINESS, LATEST AUDITED FINANCIAL STATEMENT AND LATEST QUARTER INCOME REPORT SHOULD BE FURNISHED.
- 5) PURCHASE, SALE, ACQUISITION, AND/OR MERGER TRANSACTION AGREEMENTS, INCLUDING SCHEDULES, EXHIBITS AND DISCLOSURE STATEMENTS SHOULD ACCOMPANY THIS APPLICATION.
- 6) ALL LETTERS OF INTENT, PROSPECTUS, SIDE AGREEMENTS AND LETTERS RELATING TO THIS TRANSACTION SHOULD ACCOMPANY THIS APPLICATION.

Producer	Producer code		
Street address	City/state	Zip code	Phone number
			Fax number
Mailing address	Email address		

APPLICANT INFORMATION

Name (First Named Insured and other named Insureds):

Street address:	City / state	Zip code	Phone number	Fax number
Mailing address (of first named insured)	Web address			

Applicant operates as an:

- Individual
 Corporation
 Partnership
 Other (Describe):

Inspection (contact/phone)

Accounting records (contact/phone)

COVERAGE REQUESTED

Effective date:	Expiration date:
Limits of insurance	
General aggregate:	\$ _____
Products and completed operations aggregate:	\$ _____
Each occurrence:	\$ _____
Personal injury and advertising limit:	\$ _____
Fire damage (any one fire):	\$ _____
Self-insured retention (per occurrence or per claim):	\$ _____
Deductible (per occurrence or per claim):	\$ _____

COMPANY HISTORY

1. Number of years in business:	Yes	No
2. Is the applicant a subsidiary of another entity? If yes, please provide details:	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the applicant have any subsidiaries or related entities not listed above? If yes, please provide details:	<input type="checkbox"/>	<input type="checkbox"/>
4. Have there been any mergers/acquisitions, consolidations or divestitures? If yes, please describe your obligations for past, present & future liabilities:	<input type="checkbox"/>	<input type="checkbox"/>
5. Has this account ever operated under a different name: If yes, please attach complete list of prior names and addresses:	<input type="checkbox"/>	<input type="checkbox"/>
6. Complete description of all operations:		

DISCONTINUED PRODUCTS TRANSACTION HISTORY

1. Describe the applicant's role in this transaction: <input type="checkbox"/> Buyer <input type="checkbox"/> Seller <input type="checkbox"/> Other (explain)
2. Describe the transaction: Discontinuation / sale of business or product line Assets only purchase / merger Assets and liabilities purchase / merger Other (describe):
3. Identify the periods of manufacture for each product line:

7. Do your records indicate when each product was manufactured?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do your records show to whom and the date each product was sold?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do your records show who supplied the component parts going into your products?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you require certificates from your suppliers evidencing products liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Please explain any "no" answers:		
Loss Prevention, Loss Control, Claim Defense		
11. Who designs your products?		
12. Do you require certificates evidencing design or architects and engineers errors and omissions insurance?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are designs reviewed, tested and verified by others?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you maintain records of changes in designs, advertisements and sales brochures?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are all instructions, operating manuals, advertisements and warranties periodically reviewed by legal counsel to avoid misunderstandings relative to product safety or intended use?	<input type="checkbox"/>	<input type="checkbox"/>
How often?		
16. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable current U.S. standards including but not limited to ANSI, DOT, ASTM, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you ever draw plans, designs or specifications for any product (s) for others?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you carry design or architects and engineers error and omissions insurance?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you sold any business in which you retained liabilities?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please provide details including list of products manufactured, assembled, packaged or installed by you prior to the date sold:		
19. Do you have a specific program to withdraw known or suspected defective products from the market?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever recalled (either voluntarily or involuntarily) or are you considering recalling any known or suspected defective products from the market?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide details:		
21. Do you provide any guarantees, warranties, or hold harmless agreements?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide details:		
22. List your memberships in any industry product-standard organizations (ex: ISO 9000):		
23. Please identify the name, address, phone number and web address of the claims contact:		
24. Please identify the name, address, phone number and web address of the individual responsible for administration of the deductible/SIR:		
25. Please identify the name, address, phone number and web address of the individual responsible for maintaining all company records, documentation, files, etc:		

GENERAL INFORMATION III

	Yes	No
1. Any exposure to flammables, explosives, chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any exposure to radioactive/nuclear materials?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous materials? (e.g., landfills, wastes, fuel tanks, etc)	<input type="checkbox"/>	<input type="checkbox"/>
4. Any machinery or equipment loaned or rented to others?	<input type="checkbox"/>	<input type="checkbox"/>
5. Any medical facilities provided or doctors employed/contracted?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is a formal safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Any watercraft, docks, floats owned, hired or leased?	<input type="checkbox"/>	<input type="checkbox"/>
8. Any sporting or social events sponsored?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are certificates of insurance required from all subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do your subcontractors carry coverages or limits less than yours?	<input type="checkbox"/>	<input type="checkbox"/>
11. Any hoists, cranes or mobile equipment owned, operated, maintained or used in your operations?	<input type="checkbox"/>	<input type="checkbox"/>

Explain all 'yes' responses:

PRIOR CARRIER INFORMATION (LIST LAST 5 YEARS)

	Year	Year	Year	Year	Year
General liability					
Carrier					
Policy no.					
Policy type	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC
Retroactive date					
Policy limits: Occurrence					
Gen. Aggregate					
Premium					
SIR or Deductible					
Expense within policy limit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Products liability					
Carrier					
Policy no.					
Policy type	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC
Retroactive date					
Policy limits: Occurrence					
Prod. Aggregate					
Premium					
SIR or Deductible					
Expense within policy limit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

1. Has any insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past 5 years?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain:

2. Has any product, work, accident or location been excluded, uninsured or self-insured from any previous coverage?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please explain:

CLAIMS HISTORY

Current plus last five years (currently valued hard copy loss runs)

Total aggregates losses, including defense costs:

Policy period	No. of Claims	Total amounts paid		Amounts in reserve		Valuation Date
		Ind	Exp	Ind	Exp	

Describe individual losses, valued \$25,000 or more, including defense costs:

Are you aware of any other occurrences, incidents, conditions, defects or suspected defects that may result in claims against you? Yes No

If yes, give details:

SPECIFIED PRODUCTS AND COMPLETED OPERATIONS

Only those products and services specified below will be considered for coverage. Refer to key below

Products (specific category)	Applicant Acts as a/an					No. of Years	% Gross Sales	Does applicant		Products sold to				
	M	W	R	I	MR			Install	Repair / Service	W	R	MR	C	O
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M = manufacturer R = retailer MR = manufacturer's rep Other (specify)
W = wholesaler I = importer C = consumer-direct

SCHEDULE OF HAZARDS

Location	Classification	Class codes	Premium basis

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent / Broker Name: _____