



**PRODUCT RECALL INSURANCE
MANUFACTURERS ERRORS & OMISSIONS**

SUPPLEMENTARY APPLICATION

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS LIMITED TO LIABILITY FOR WRONGFUL ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST THE INSURED WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO THE COMPANY NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THE POLICY.

THE LIMITS OF LIABILITY AVAILABLE TO PAY DAMAGES, INCLUDING JUDGMENT OR SETTLEMENT AMOUNTS, SHALL BE REDUCED BY AMOUNTS INCURRED FOR CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR CLAIMS EXPENSES AND DAMAGES SHALL ALSO BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

Complete this application in full and attach all required materials. If coverage is bound, this application and the materials submitted with it will be attached to the Policy and will constitute a part thereof.

1. Name of Applicant: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

2. a) Please provide the following information for all subsidiaries for which coverage is desired (attach a schedule if necessary):

<u>NAME</u>	<u>LOCATION</u>	<u>NATURE OF BUSINESS</u>	<u>PERCENTAGE OWNED BY APPLICANT</u>

b) Please provide the following information for all additional named insureds for which coverage is desired (attach a schedule if necessary):

<u>NAME</u>	<u>NATURE OF BUSINESS</u>	<u>RELATIONSHIP TO APPLICANT</u>

3. a) Please provide the date the Applicant was established: ____/____/____

b) Applicant is: Individual Partnership Corporation Other (specify)

- c) Has the name of the Applicant ever changed? Yes No
- d) Is the Applicant wholly or partly owned, controlled or related to any other entity? Yes No
- e) Does the Applicant own or control any other entity? Yes No

If the Applicant responded “yes” to any part of question 3, please provide complete details on a separate sheet.

- 4. a) Please describe in detail the Manufacturing Process performed by the Applicant or any of the entities identified in Question 2 for which coverage is desired:

- b) Please provide the number and description of all service bulletins issued in the past 3 years

- 5. During the past 5 years, has the Applicant or any of the entities identified in Question 2 engaged in any business or profession other than as described in Question 4? Yes No

If the Applicant responded “yes” to question 5, please provide complete details on a separate sheet.

- 6. a) Please indicate the following for the Manufacturing Process identified in Question 4:

Gross Revenue	Past 12 Months	Current 12 Months	Projection for Next Year

- b) Complete the following for the Applicant’s 5 largest clients:

Client	Manufacturing Process Provided	Revenues
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

- c) Does any one client of the Applicant represent more than 20% of the Applicant’s gross annual billings? Yes No

If the Applicant responded “yes” to question 6 c), please provide complete details on a separate sheet.

- 7. Does the Applicant use subcontractors? Yes No

If the Applicant checked “yes” to Question 8:

(1) what percentage of the manufacturing process indicated in Question 4 is subcontracted out? _____%

(2) does the Applicant receive a copy of the subcontractor’s errors and omissions or professional liability insurance policy? Yes No

- (3) do contracts with subcontractors have hold harmless or indemnity agreements that benefit the Applicant?
 Yes No

8. a) Does the Applicant require a written contract or agreement for manufacturing and professional services with all of its clients?
 Yes No

If the Applicant responded “no” to question 8 a), please provide complete details on a separate sheet.

- a) Do such contracts or agreements contain (check all that apply):
- Hold Harmless or indemnity agreements inuring to Applicant’s benefit.
 - Hold Harmless or indemnity agreements inuring to the Client’s benefit.
 - A limitation of the Applicant’s liability.

- b) Does the Applicant ever warrant or guarantee its products? Yes No

If the Applicant responded “yes” to question 8 c), please explain on separate sheet.

9. a) Please provide the following information for any Errors and Omissions or Professional Liability Insurance the Applicant carried during the last five years:

Company	Limit of Liability	Deductible	Premium	Policy Period	Retro Date
1.					
2.					
3.					
4.					
5.					

- b) Has any Errors or Omissions Insurance or Professional Liability Insurance ever been declined, cancelled or non-renewed? Yes No

If “yes”, please explain on separate sheet.

- 10.a) Do any principals, directors, officers, partners, professional employees or independent contractors of the Applicant or any of the entities identified in Question 2 for which coverage is desired, have knowledge or information of any act, error, omission, breach of professional duty, or any other circumstance which might reasonably be expected to give rise to a claim? Yes No

- b) Has the Applicant, or any of its predecessors in business, subsidiaries or affiliates, or any of the principals, directors, officers, partners, professional employees or independent contractors ever been the subject of a disciplinary action as a result of its professional and or manufacturing activities? Yes No

- c) During the past five years, have any claims been made or legal action brought against the Applicant or any of the entities identified in Question 2 for which coverage is desired, or any predecessors in business, subsidiaries, affiliates or any principal, director, officer or professional employee? Yes No

- c) Has the Applicant reported the matters listed in Question 10 a-c to its current or former insurance carrier?
 Yes No

NOTE: If any such claims exist, or any such facts or circumstances exist which could give rise to a claim, then those claims and any other claims arising from such facts or circumstances are excluded from the proposed insurance.

If the Applicant responded “yes” to any part of Question 13 a-c, please provide a Supplemental Claims Narrative for each claim, notice or circumstance.

NOTICE TO THE APPLICANT – PLEASE READ CAREFULLY

I/We, the undersigned, declare that, to the best of our knowledge and belief, the information provided in this Application Form is true, and that I/we have not withheld any material information which might affect the judgment of Liberty International Underwriters in their rating and acceptance of the risk. I/We agree that if a contract of insurance is provided by Liberty International Underwriters, this Application Form shall be the basis of such a contract.

The undersigned acknowledges that any personal information provided in connection with the coverage applied for, including but not limited to the information contained in this application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of assessing the application for insurance, and if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Applicant's Signature: _____

Must be signed by an Officer of the Applicant

Print Name and Title

Date (Mo./Day/Yr.)