[ ]  **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

[ ]  **Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

[ ]  **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

www.scottsdaleins.com

**PRODUCTS LIABILITY APPLICATION**

|  |  |
| --- | --- |
| Applicant’s Name:              Mailing Address:              Location Address:               | Agency Name:       Agent:       Address:              E-mail:       Phone:        |

**PROPOSED EFFECTIVE DATE: From**        **To**        **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**Applicant is:** [ ]  Individual [ ]  Corporation [ ]  Partnership [ ]  Joint Venture

[ ]  Limited Liability Company [ ]  Other (Specify):

**Website Address:**

**E-mail Address:**       **Phone Number:**

**1. Limit Desired:** $

**2. Deductible Desired:** $

|  |
| --- |
| **3. Completely describe product(s) to be specifically insured:**       |

|  |
| --- |
| **4. Location(s) at which product(s) are manufactured by the applicant:**       |

|  |
| --- |
| **5. Location(s) from which product(s) are distributed directly by the applicant:**       |

|  |
| --- |
| **6. Of what materials or components is each product principally composed?**       |

**7. a. Does applicant compound ingredients?** [ ]  Yes [ ]  No

**b. Does applicant package the product?** [ ]  Yes [ ]  No

**8. Are all products sold under the applicant’s label?** [ ]  Yes [ ]  No

|  |
| --- |
| If no, describe:       |

**9. Does applicant manufacture the product?** [ ]  Yes [ ]  No

If no, what component parts are purchased?

**10. Is any of the applicant’s work subcontracted to others?** [ ]  Yes [ ]  No

If yes, state type and percentage:

**11. Are any parts purchased from foreign manufacturers?** [ ]  Yes [ ]  No

|  |
| --- |
| If yes, describe:       |

**12. Does applicant assemble the product?** [ ]  Yes [ ]  No

**13. a. Has the product been tested by Underwriters Laboratories?** [ ]  Yes [ ]  No

**b. Is it UL listed?** [ ]  Yes [ ]  No

**14. What percentage of sales are for replacement parts?**      %

**15. Has the applicant’s product ever been subject to any inquiry or investigation by any governmental agency concerning the efficiency, adequacy of labeling, hazardous contents or safety?** [ ]  Yes [ ]  No

If yes, attach full details and result of such inquiry.

**16. Does applicant maintain and/or service the products?** [ ]  Yes [ ]  No

If yes, attach full details including copy of standard written service contract and gross receipts from this source.

**17. Are serial and/or batch numbers shown on the finished product?** [ ]  Yes [ ]  No

If yes, can the date of manufacture of each product be identified by the factory number stamped
on it? [ ]  Yes [ ]  No

**18. Does applicant maintain complete inventory records of shipments and/or deliveries to
consignees?** [ ]  Yes [ ]  No

If yes, are serial and/or batch numbers shown on the shipment invoices? [ ]  Yes [ ]  No

**19. Does applicant keep samples of products involved in quality control procedures?** [ ]  Yes [ ]  No

If yes, how long are samples retained?

**20. Does applicant have a products recall plan?** [ ]  Yes [ ]  No

If yes, attach description.

**21. Has applicant ever recalled any of their products for any reason?** [ ]  Yes [ ]  No

If yes, attach details.

**22. Is original installation of products performed by the applicant’s employees?** [ ]  Yes [ ]  No

If no, does the installer supply parts not manufactured by the applicant? [ ]  Yes [ ]  No

**23. Are any of the applicant’s products subject to deterioration?** [ ]  Yes [ ]  No

|  |
| --- |
| If yes, describe and indicate period of time:       |

**24. Are any of the applicant’s products inflammable or explosive?** [ ]  Yes [ ]  No

If yes, attach details.

**25. Does applicant issue guarantees or warranties to purchasers?** [ ]  Yes [ ]  No

If yes, for what periods does the applicant guarantee or warrant their products?

Attach full details and copy of applicant’s form of guarantee or warranty.

**26. Does applicant agree to hold dealers, distributors or suppliers harmless against claims or suits for bodily injury or property damage in connection with the applicant’s products?** [ ]  Yes [ ]  No

If yes, attach copies of standard forms.

**27. Are any of the dealers, etc., affiliated with the applicant?** [ ]  Yes [ ]  No

|  |
| --- |
| If yes, explain:       |

**28. If applicant is a distributor, is the applicant insured by the manufacturer?** [ ]  Yes [ ]  No

**29. Is the applicant’s product used by the aircraft industry?** [ ]  Yes [ ]  No

**30. a. How many years has the applicant been in business under the present name?**

**b. Have any of the principals ever engaged in this or similar enterprises under a different
name?** [ ]  Yes [ ]  No

If yes, attach details.

**31. Does applicant plan to manufacture any new products to be marketed within the next
twelve (12) months?** [ ]  Yes [ ]  No

If yes, attach description.

**32. Has applicant ceased to manufacture any products during the past five years?** [ ]  Yes [ ]  No

If yes, attach description and sales by year.

**33. If any products are accompanied by any written brochure, labels, instructions or other written statements, attach copies.**

**34. Show sales for the past five years (attach list if necessary):**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Year** | **Gross Sales** | **Product Name** |
| 1. |      | $      |       |
| 2. |      | $      |       |
| 3. |      | $      |       |
| 4. |      | $      |       |
| 5. |      | $      |       |

**35. What are the estimated sales for this year?** $

**36. Provide five years of claims history in following form or equivalent:**

|  |  |  |
| --- | --- | --- |
| **No.** | **Claims Paid** | **Reserves Open** |
| **Year** | **Number** | **Amount** | **Number** | **Amount** | **Insurer’s Name** |
| 1. |      |       | $      |       | $      |       |
| 2. |      |       | $      |       | $      |       |
| 3. |      |       | $      |       | $      |       |
| 4. |      |       | $      |       | $      |       |
| 5. |      |       | $      |       | $      |       |

**37. Has any insurer ever canceled, nonrenewed, declined or refused to issue products liability
insurance to the applicant?** [ ]  Yes [ ]  No

If yes, why?

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **(Not applicable to Oregon.)**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to
an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the
applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any in-surer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties
under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing state-ments are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by active owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE:

AGENT NAME:       AGENT LICENSE NUMBER:

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT:

(Applicable in Iowa Only)