



**STRATUS INSURANCE SERVICES, INC.**

Stratus Insurance Services, Inc.

947 South 500 East, Suite 301

American Fork, UT 84003

1-866-395-1308

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**APPLICATION FOR PRODUCTS  
AND COMPLETED OPERATIONS  
LIABILITY INSURANCE**

**Submitted By:** \_\_\_\_\_

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

**Company:** \_\_\_\_\_

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**Current Profile**

- |                           |                                |                     |                              |
|---------------------------|--------------------------------|---------------------|------------------------------|
|                           | <b>INSURANCE<br/>REQUESTED</b> |                     | <b>PRESENT<br/>INSURANCE</b> |
| a. Limits of Insurance:   | \$ _____ Each Occurrence       |                     | \$ _____ Each Occurrence     |
|                           | \$ _____ Aggregate             |                     | \$ _____ Aggregate           |
| b. Deductible/S.I.R.:     | \$ _____                       |                     | \$ _____                     |
| c. Retroactive date:      | _____                          |                     |                              |
| d. Present Insurer:       | _____                          |                     |                              |
| e. Expiring G.L. Premium: | _____                          | Expiring G.L. Rate: | _____                        |

**Supplemental Application for Products and Completed Operations Liability Insurance**

**Please type or print**

**A. Applicant**

1. Full name:
2. Principal address:

**B. Product and Sales Data**

1. For principal product or service, indicate:

Descriptions of Major Products	# of Units Sold	PRINCIPAL END Usage	Manufacture or Distribute	% OF GROSS ANNUAL SALES

2. Historical Exposure Base Informaion (Minimum 5 years required)

Year	Domestic Sales	Foreign Sales	Total Sales	Other Data
<b>Projected</b>				
<b>Expiring</b>				
<b>1<sup>st</sup> Prior</b>				
<b>2<sup>nd</sup> Prior</b>				
<b>3<sup>rd</sup> Prior</b>				
<b>4<sup>th</sup> Prior</b>				
<b>5<sup>th</sup> Prior</b>				
<b>6<sup>th</sup> Prior</b>				
<b>7<sup>th</sup> Prior</b>				
<b>8<sup>th</sup> Prior</b>				
<b>9<sup>th</sup> Prior</b>				
<b>10<sup>th</sup> Prior</b>				

3. REPLACEMENT PARTS are what percentage of total sales?      %

4. **LOSS HISTORY:** Please attach 5yr currently valued (90 days) loss runs

**C. Manufacturing / Distribution**

**YES NO**

Do you import products or component parts?

Do you export products or have foreign operations?

Could any of your products or services be used on or in connection with:

aircraft/missile/aerospace?

watercraft or offshore?

transportation/pollution/waste treatment?

Do you make or handle any product that is explosive, flammable or poisonous either by itself or in combination with other materials?

Could any of your products be classified as:  
pharmaceuticals?  
cosmetics?

(If yes, a separate supplemental application will be needed)

Are any of your products sold under another's name or label?

Do you purchase materials or components from others?

Does applicant install, service or demonstrate products?

If installation by others, do you supervise or furnish instructions as to installation?

If yes, are certificates of insurance and additional insured status required of sub

**D. Marketing**

Percentage of total sales to: Wholesalers: \_\_\_\_\_ Retailers: \_\_\_\_\_ Consumers: \_\_\_\_\_

Suppliers and distributors of your products:

**Yes No**

a. Do you hold them harmless or insure them?

b. Do they hold you harmless or insure you?

**E. Loss Prevention** **Yes** **No**

Have your products ever been subject to injury or investigation relative to product safety by any governmental agency? If "yes", attach details.

Do you have a written products recall plan? If "yes", please attach.

Have you ever recalled products because of a potential product safety hazard? If yes, attach details and indicate percent of recovery: \_\_\_\_%

Do you have a written products safety program for which specific individuals have responsibility for implementation? If "yes" attach copy or outline.

**F. Product Design** **Yes** **No**

Do you do your own design work?

Do you maintain records of design changes and reasons justifying these changes?

Are your designs subject to independent external review, testing or certification? If "yes" attach details and dates.

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

**G. Quality Control and Testing** **Yes** **No**

Are warranties obtained from all suppliers?

Are records of results of quality control tests kept so that you can identify at a later date what tests you applied to a given product at a given time?

Do you have ISO 9000 or ISO 9001 certification or similar certification

**H. Instructions/Warnings/Advertising/Warranties** **Yes** **No**

Do warning labels comply with federal statutory warning labeling requirements?

Do you expressly disclaim or limit warranties for your products?

Do you provide any specific training or instruction for the ultimate user, in the proper use of your product?    
If "yes", please describe:

**I. Loss Control and Defense**

Can you determine, based on available records, for all products you have sold:	<b>Yes</b>	<b>No</b>
a. when any given product was manufactured?	<input type="checkbox"/>	<input type="checkbox"/>
b. to whom it was sold, and the date of sale?	<input type="checkbox"/>	<input type="checkbox"/>
c. who supplied parts and supplies going into the final product?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain copies of old instruction or operation manuals and advertising material?	<input type="checkbox"/>	<input type="checkbox"/>
Accident procedure:	<b>Yes</b>	<b>No</b>
a. Do you have a written procedure for obtaining information about product complaints, accidents and injuries involving your products?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does your procedure provide for examining and preserving any allegedly defective product, with the results of such examination recorded?	<input type="checkbox"/>	<input type="checkbox"/>
c. Do reports on complaints, accidents, injuries and the examination of products involved, go to:		
(1) The person responsible for product safety?	<input type="checkbox"/>	<input type="checkbox"/>
(2) top management?	<input type="checkbox"/>	<input type="checkbox"/>

**Warranty**

I/We warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

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

Title: \_\_\_\_\_ (owner, partner, officer)

\* Signing this form does not bind the applicant or the company to complete the insurance. Application must be signed by the applicant and dated to be considered for quotation.

SUBMITTED BY:

Producer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_