SHAND MORAHAN & COMPANY, INC.
MARKEL
Ten Parkway North, Deerfield, IL 60015
(847) 572-6000 Fax (847) 572-6137
Underwriting Manager
A Markel Company

- DEERFIELD INSURANCE COMPANY
- EVANSTON INSURANCE COMPANY
- ESSEX INSURANCE COMPANY
- MARKEL AMERICAN INSURANCE COMPANY
- MARKEL INSURANCE COMPANY

APPLICATION FOR SPECIFIED PRODUCTS AND COMPLETED OPERATIONS LIABILITY INSURANCE (CLAIMS MADE BASIS)

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 or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.

(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT

a. Full name of all entities past and/or present to be Named Insureds:

_____

_____

b. Principal business premise address: _____
(Street) (County)

_____ _____
(City) (State) (Zip)

c. [ ] Corporation [ ] Proprietorship [ ] LLC [ ] Other (check one)

d. Years in business under the present name: _____

e. S.I.C. code: _____

2. POLICY

	INSURANCE REQUESTED	PRESENT INSURANCE
a. Limits of Insurance:	$_____ Each Occurrence	$_____ Each Occurrence
	$_____ Aggregate	$_____ Aggregate
b. Deductible/S.I.R.:	$_____	$_____

c. Retroactive date:_____

d. Present Insurer: _____

e. Has any insurer ever canceled, restricted or refused to renew your products liability insurance ? [ ] Yes [ ] No (If yes, please attach explanation.)

3. SPECIFIED PRODUCTS AND COMPLETED OPERATIONS

a. Only those products and services specified below will be considered for coverage:

Products and Services (or specific categories)	Applicant Acts as a/an					No. of years	% of gross sales	Does applicant		Products sold to:				
	M	W	R	I	MR			Install?	Repair or service?	W	R	MR	C	O

M - manufacturer W - wholesaler R - retailer I - importer MR - manufacturers rep. C - consumer - direct O - other (describe)

b. Have you discontinued or are you considering discontinuing any product to be covered by this insurance? [ ] Yes [ ] No (If yes, please attach explanation.)

c. Are any of your products or services known to be used in connection with aircraft/missiles/aerospace? [ ] Yes [ ] No (If yes, please attach explanation.)

4. SALES AND MARKETING

a. Total sales or receipts for all products and services Next years projection $_____ Past 12 months $_____

1st prior year $_____ 2nd prior year $_____

Describe any significant change in product sales mix between any prior year and next year's projection:

_____

b. Do you wish to include your customers as additional insureds with Vendors coverage? [ ] Yes [ ] No

5. PROCESSING AND QUALITY CONTROL

a. PROCESSING

1. Do others manufacture, assemble, package or install products under your name or label? [ ] Yes [ ] No (If yes, please attach explanation.)

2. Do you manufacture, assemble, package or install products for others under their name or label? [ ] Yes [ ] No (If yes, please attach explanation.)

b. QUALITY CONTROL AND RECORDKEEPING

1. Do you have a quality control and testing procedure? [ ] Yes [ ] No

2. How long are quality control and testing records kept? _____

3. Can you identify your product from those of competitors? [ ] Yes [ ] No

4. Do your records show to whom and the date each product was sold? [ ] Yes [ ] No

5. Do you require certificates evidencing Products Liability insurance from suppliers? [ ] Yes [ ] No

6. LOSS PREVENTION, LOSS CONTROL, CLAIM DEFENSE

a. Who designs your products? _____

b. Are designs reviewed, tested and verified by others? [ ] Yes [ ] No

c. Do you maintain records of changes in designs, advertisements and sales brochures? [ ] Yes [ ] No If yes, how long? _____ years

d. Are all instructions, operating manuals, advertisements and warranties periodically reviewed by Legal Counsel to avoid misunderstandings relative to product safety or intended use? [ ] Yes [ ] No

e. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards? [ ] Yes [ ] No

f. Do you have a specific program to withdraw known or suspected defective products from the market? [ ] Yes [ ] No

g. Have you ever recalled or are you considering recalling any known or suspected defective products from the market? [ ] Yes [ ] No (If yes, please attach explanation.)

7. CLAIM HISTORY - 5 years including any predecessor companies - insured or uninsured Check if none [ ]

a. Total losses, including any deductible and/or defense. Please attach description of any losses over $10,000.

Year(s)	No. of Claims	TOTAL AMOUNTS PAID BI	TOTAL AMOUNTS PAID PD	AMOUNTS IN RESERVE BI	AMOUNTS IN RESERVE PD	Total Incurred	Date of Loss Information

b. Are you aware of any other incidents, conditions, circumstances, defects, or suspected defects which may result in claims against you? [ ] Yes [ ] No (If yes, please attach explanation.)

NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended period option is exercised in accordance with the terms of the policy.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact thereto commits a fraudulent insurance act, which is subject to criminal and civil penalties.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and 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 Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., **Ten Parkway North, Deerfield, Illinois 60015**.

Name of Applicant _____ Title (Officer, partner, etc.) _____

Signature of Applicant _____ Date _____

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

(ATTACH BROCHURES, CATALOGS, LABELS, INSTRUCTIONS, SERVICE AGREEMENTS, FINANCIAL DATA)