



**Western Heritage**  
Insurance Company

6263 North Scottsdale Road, Suite 240 • Scottsdale, Arizona 85250  
1-800-873-9442 • Fax (480) 596-7859

**Products Liability Application**

Applicant's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Location \_\_\_\_\_

Agent Name \_\_\_\_\_  
Address \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:**

From \_\_\_\_\_ To \_\_\_\_\_  
12:01 A.M., Standard Time at the address of the Applicant.

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Other (Specify): \_\_\_\_\_

LIMITS OF LIABILITY REQUESTED		
COVERAGE	EACH OCCURRENCE	AGGREGATE
COMBINED SINGLE LIMIT	\$ _____,000	\$ _____,000

- Deductible desired: \_\_\_\_\_
- Completely describe product(s) to be specifically insured: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Location(s) at which product(s) are manufactured by the Applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Location(s) from which product(s) are distributed directly by the Applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Of what materials or components is each product principally composed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do you compound ingredients? .....  Yes  No  
Do you package the product? .....  Yes  No
- Are all products sold under your label? .....  Yes  No  
If not, describe: \_\_\_\_\_



Western Heritage Insurance Company

- 8. Do you manufacture the complete product?
9. Total number of employees:
10. Is any of your work subcontracted to others?
11. Are any parts purchased from foreign manufacturers?
12. Do you assemble the product?
13. Has the product been tested by Underwriters Laboratories?
14. What percentage of sales are for replacement parts?
15. Has your product ever been subject to any inquiry or investigation by any governmental agency concerning the efficiency, adequacy of labeling, hazardous contents or safety?
16. Do you maintain and/or service the products?
17. Is original installation of products performed by your employees?
18. Are any of your products subject to deterioration?
19. Are any of your products inflammable or explosive?
20. Do you issue guarantees or warranties to purchasers?
21. Do you agree to hold dealers, distributors, subcontractors or suppliers harmless against claims or suits for bodily injury or property damage in connection with your products?



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22. Are any of the above dealers, etc. affiliated with you? .....  Yes  No

If yes, explain: \_\_\_\_\_

23. If you are a distributor, are you insured by the manufacturer? .....  Yes  No

24. Is your product used by Aircraft or Aerospace Industry?.....  Yes  No

25. How many years have you been in business under the present name? .....  Yes  No

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

If yes, attach details.

26. Do you plan to manufacture any new products to be marketed within the next 12 months? .....  Yes  No

If yes, attach description.

27. Have you ceased to manufacture any products during the past 5 years?.....  Yes  No

If yes, attach description and sales by year.

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

29. Show sales for five (5) years: (Attach list if necessary)

	YEAR	GROSS SALES	PRODUCT NAME
1.			
2.			
3.			
4.			
5.			

30. What is estimated sales for this year? \_\_\_\_\_

Give claims history in following form or equivalent (5 years) (Amounts shown should be from the ground up)

	YEAR	CLAIMS PAID		RESERVES OPEN		INSURER'S NAME
		NUMBER	AMOUNT	NUMBER	AMOUNT	
1.						
2.						
3.						
4.						
5.						

31. Has any insurer ever cancelled or refused to issue or renew your products liability insurance?

(Not applicable in Missouri).....  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.



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APPLICABLE IN THE STATE OF NEW YORK:

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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**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.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
*(Applicable to Florida Agents Only.)*

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written requests, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE