

## IBNR APPLICATION

**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, OFFICER OR PRINCIPAL.
- 3) BROCHURES, COPIES OF GUARANTEES, WARRANTIES AND HOLD HARMLESS AGREEMENTS FURNISHED BY THE NAMED INSURED SHOULD ACCOMPANY THE APPLICATION.
- 4) THE LATEST 10K AND 10Q, OR IF A PRIVATELY HELD BUSINESS, LATEST AUDITED FINANCIAL STATEMENT AND LATEST QUARTER INCOME REPORT SHOULD BE FURNISHED.
- 5) PURCHASE, SALE, ACQUISITION, AND/OR MERGER TRANSACTION AGREEMENTS, INCLUDING SCHEDULES, EXHIBITS AND DISCLOSURE STATEMENTS SHOULD ACCOMPANY THIS APPLICATION.
- 6) ALL LETTERS OF INTENT, PROSPECTUS, SIDE AGREEMENTS AND LETTERS RELATING TO THIS TRANSACTION SHOULD ACCOMPANY THIS APPLICATION.

Producer			Producer code	
Street address	City/state	Zip code	Phone number	Fax number
Mailing address			Email address	

### APPLICANT INFORMATION

Name (First Named Insured and other named Insureds):

Street address:	City / state	Zip code	Phone number	Fax number
Mailing address (of first named insured)			Web address	

Applicant operates as an:

- Individual    
  Corporation    
  Partnership    
  Other (Describe):

Inspection (contact/phone)

Accounting records (contact/phone)

### COVERAGE REQUESTED

Effective date:	Expiration date:
Limits of insurance	
General aggregate:	\$ _____
Products and completed operations aggregate:	\$ _____
Each occurrence:	\$ _____
Personal injury and advertising limit:	\$ _____
Fire damage (any one fire):	\$ _____
Self-insured retention (per occurrence or per claim):	\$ _____
Deductible (per occurrence or per claim):	\$ _____

## COMPANY HISTORY

1. Number of years in business:	Yes	No
2. Is the applicant a subsidiary of another entity? If yes, please provide details:	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the applicant have any subsidiaries or related entities not listed above? If yes, please provide details:	<input type="checkbox"/>	<input type="checkbox"/>
4. Have there been any mergers/acquisitions, consolidations or divestitures? If yes, please describe your obligations for past, present & future liabilities:	<input type="checkbox"/>	<input type="checkbox"/>
5. Has this account ever operated under a different name: If yes, please attach complete list of prior names and addresses:	<input type="checkbox"/>	<input type="checkbox"/>
6. Complete description of all operations:		

## IBNR TRANSACTION HISTORY

1. Identify the reason the applicant is seeking IBNR coverage?
2. Does the transaction involve any of the following:  <input type="checkbox"/> Acquisition of a business or product line  <input type="checkbox"/> Merger / consolidation of businesses or product lines  <input type="checkbox"/> A spin-off of a business or product line  <input type="checkbox"/> Other (describe):
3. Identify the periods of manufacture for each product line:
4. Identify the specific retro period sought for each product line:
5. How long do you want the Extended Reporting Period to be (up to five years)?



7. Do your records indicate when each product was manufactured?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do your records show to whom and the date each product was sold?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do your records show who supplied the component parts going into your products?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you require certificates from your suppliers evidencing products liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Please explain any "no" answers:		
<b>Loss Prevention, Loss Control, Claim Defense</b>		
11. Who designs your products?		
12. Do you require certificates evidencing design or architects and engineers errors and omissions insurance?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are designs reviewed, tested and verified by others?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you maintain records of changes in designs, advertisements and sales brochures?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are all instructions, operating manuals, advertisements and warranties periodically reviewed by legal counsel to avoid misunderstandings relative to product safety or intended use?	<input type="checkbox"/>	<input type="checkbox"/>
How often?		
16. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable current U.S. standards including but not limited to ANSI, DOT, ASTM, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you ever draw plans, designs or specifications for any product (s) for others?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you carry design or architects and engineers error and omissions insurance?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you sold any business in which you retained liabilities?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please provide details including list of products manufactured, assembled, packaged or installed by you prior to the date sold:		
19. Do you have a specific program to withdraw known or suspected defective products from the market?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever recalled (either voluntarily or involuntarily) or are you considering recalling any known or suspected defective products from the market?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide details:		
21. Do you provide any guarantees, warranties, or hold harmless agreements?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide details:		
22. List your memberships in any industry product-standard organizations (ex: ISO 9000):		
23. Please identify the name, address, phone number and web address of the claims contact:		
24. Please identify the name, address, phone number and web address of the individual responsible for administration of the deductible/SIR:		
25. Please identify the name, address, phone number and web address of the individual responsible for maintaining all company records, documentation, files, etc:		

### GENERAL INFORMATION III

	Yes	No
1. Any exposure to flammables, explosives, chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any exposure to radioactive/nuclear materials?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous materials? (e.g., landfills, wastes, fuel tanks, etc)	<input type="checkbox"/>	<input type="checkbox"/>
4. Any machinery or equipment loaned or rented to others?	<input type="checkbox"/>	<input type="checkbox"/>
5. Any medical facilities provided or doctors employed/contracted?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is a formal safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Any watercraft, docks, floats owned, hired or leased?	<input type="checkbox"/>	<input type="checkbox"/>
8. Any sporting or social events sponsored?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are certificates of insurance required from all subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do your subcontractors carry coverages or limits less than yours?	<input type="checkbox"/>	<input type="checkbox"/>
11. Any hoists, cranes or mobile equipment owned, operated, maintained or used in your operations?	<input type="checkbox"/>	<input type="checkbox"/>

Explain all 'yes' answers:

### PRIOR CARRIER INFORMATION (LIST LAST 5 YEARS)

	Year	Year	Year	Year	Year
<b>General liability</b>					
Carrier					
Policy no.					
Policy type	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC
Retroactive date					
Policy limits: Occurrence					
Gen. Aggregate					
Premium					
SIR or Deductible					
Expense within policy limit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Products liability</b>					
Carrier					
Policy no.					
Policy type	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC
Retroactive date					
Policy limits: Occurrence					
Prod. Aggregate					
Premium					
SIR or Deductible					
Expense within policy limit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

1. Has any insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past 5 years?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain:

2. Has any product, work, accident or location been excluded, uninsured or self-insured from any previous coverage?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain:

**CLAIMS HISTORY**

**Current plus last five years (currently valued hard copy loss runs)**

Total aggregates losses, including defense costs:

Policy period	No. of Claims	Total amounts paid		Amounts in reserve		Valuation Date
		Ind	Exp	Ind	Exp	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Describe individual losses, valued \$25,000 or more, including defense costs:

Are you aware of any other occurrences, incidents, conditions, defects or suspected defects that may result in claims against you?  Yes  No

If yes, give details:

**SPECIFIED PRODUCTS AND COMPLETED OPERATIONS**

**Only those products and services specified below will be considered for coverage. Refer to key below**

Products (specific category)	Applicant Acts as a/an					No. of Years	% Gross Sales	Does applicant		Products sold to				
	M	W	R	I	MR			Install	Repair / Service	W	R	MR	C	O
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M = manufacturer      R = retailer      MR = manufacturer's rep      Other (specify)  
W = wholesaler      I = importer      C = consumer-direct

**SCHEDULE OF HAZARDS**

Location	Classification	Class codes	Premium basis

## FRAUD WARNING

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false 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 CALIFORNIA APPLICANTS:** Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

**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 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.

**NOTICE 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 insurer files a statement or claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**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 denial of insurance benefits.

**NOTICE TO MARYLAND 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 may be guilty of insurance fraud.

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

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO 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 civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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.

**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: WARNING:** 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 OREGON APPLICANTS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO TEXAS APPLICANTS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**NOTICE TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO ALL OTHER STATE APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent / Broker Name: \_\_\_\_\_

The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.