

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



**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		AMOUNTS IN RESERVE		Total Incurred	Date of Loss Information
		BI	PD	BI	PD		

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)**