

Commercial General Liability Application

1. Applicant: (Include all subsidiary companies) _____

 Contact Person: _____ Title: _____

2. Mailing Address: _____

 City _____ State _____ Zip Code _____

3. Principal Locations: _____

4. Applicant is:
 Individual
 Partnership
 Corporation
 Joint Venture
 Other _____

5. Business of the Applicant is (check all that apply):
 1. Manufacturer
 2. Distributor
 3. Importer
 4. Broker
 5. Contract Packager
 6. Repackager
 7. Other _____

Provide a brief description of your operations:

6. How long has the Applicant been in business? _____
 A. If a new company, please attached resumes for all principals
 B. Have you or your principals ever engaged in this or similar enterprises under a different name? _____Yes _____No
 If yes, give details: _____

7. A. Policy Period Desired: From _____ To _____
 B. Present Insurer: _____
 C. Current Annual Premium: \$ _____

8. Retroactive Date (Please complete the following section if your current liability coverage is written on a claims made form and attach a copy of your expiring policy showing retroactive date.)
 A. Retroactive Date Desired: _____
 B. Entry date into uninterrupted Claims-Made coverage _____
 C. Has any product, work, accident, or location been excluded, uninsured, or self-insured from any previous coverage? _____No _____Yes
 If yes, explain: _____

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9. Has any insurance carrier ever cancelled or refused to renew liability coverage?
 No Yes
 If yes, give details _____
10. A. List all products manufactured, sold or distributed by Applicant (attach products brochure or other printed materials describing products) _____
 B. List all products manufactured by the Applicant but not sold under their label: _____
 C. List all products distributed by the Applicant but not sold under their label: _____
 D. List all products purchased from foreign manufacturers and suppliers: _____
11. Are any products sold as components for other products? No Yes
 If yes, give details _____
12. Are any products or labels designed by the Applicant? No Yes
 If yes, give details _____
13. Are there or have there been any actual or alleged violations of the Consumer Product Safety Act, Food & Drug Act or any other federal or local legislation?
 If yes, list violations _____
14. List any products that have been discontinued or recalled in the last five (5) years and give reasons:

16. Have any new products been introduced in the last three (3) years? No Yes
 If yes, list product and date of introduction _____
17. Are any new products proposed for introduction during the ensuing year?
 No Yes
 If yes, give details _____
18. A. Is a written products loss control program in effect? No Yes
 B. Is there a written quality control procedure? No Yes
 C. Explain product recall plan _____
 D. Are any of your products "UL" or similarly approved? No Yes
 If yes, explain _____
 E. Does the Applicant employ the services of a testing laboratory? No Yes
 If no, how is this testing done? _____
 F. Are record keeping procedures being kept on the products?
 No Yes
 G. Who designs labels? _____
 Who checks for regulatory compliance? _____

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19. Do you issue guarantees and/or warranties to purchase? No Yes
 If yes, furnish details and a copy of your guarantees/or warranties _____

20. A. Do you agree to hold dealers or distributors harmless against claims or suits for bodily injury or property damage in connection with your products? No Yes
 If yes, give details _____

- B. On products of others which you distribute, do you secure an Indemnification and Hold Harmless Agreement from the manufacturer against claims or suits for bodily injuries or property damage in connection with the products? No Yes
 If yes, give details _____

- C. On products of others which you distribute, do you receive vendor's coverage from the manufacturer? No Yes
- D. On products of others which you distribute, do you obtain certificates of product? Liability insurance from the manufacturer? No Yes

21. A. Estimated sales for the coming year \$ _____
 Corresponding units and/or fillings \$ _____
- B. Indicate from the estimated sales the percentage (%) that fall into SPECIAL HAZARD DESIGNATION on the Material Safety Data Sheets (MSDS)
KEY 0-Minimal 1-Slight 2-Moderate 3-Serious 4-Severe
 #0 _____ #1 _____ #2 _____ #3 _____ #4 _____
 (Attach labels and Material Safety Data Sheets for all products with a 3-4 rating)
- C. Indicate below sales for each product category: Designate whether you Manufacture (M), or distribute (D) the product.
- D. **VENDOR SALES:** In the Vendor column indicate the percentage (%) of Sales for vendors requiring to be named as an additional insured under the Vendors Endorsement. (*Vendor sales column is to be completed only if you have vendors Coverage. It applies only to those vendors who request the Additional Insured Vendors Endorsement.*)

	<u>Industrial Use</u>	<u>Household Use</u>	<u>Vendors Sales</u>
Waxes, Polishes, Floor Finishes	_____	_____	_____
Automotive Chemicals	_____	_____	_____
Industrial (All Other)	_____	_____	_____
Detergents, Cleaning Compounds	_____	_____	_____
Disinfectants, Sanitizers	_____	_____	_____
Insecticides, Pesticides, Rodenticides	_____	_____	_____
Fertilizers	_____	_____	_____
Flavors, Fragrances	_____	_____	_____
Valves, Pumps	_____	_____	_____
Hardware (describe)	_____	_____	_____
Other (Specify products)	_____	_____	_____

NOTE: For each of the above-distributed products, please complete the "Addendum for Distributors".

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Either now or in the past, are/were any of your products used in connection with:

Industry	Yes	No	% of Sales	Products Sold to	Use of Products
Aircraft, Missile, Aerospace Industry					
Cosmetics/Food Grade					
Pharmaceuticals - Prescription					
Pharmaceuticals - Non Prescription					
Nutritional or Dietary Supplements					

22. CLAIMS INFORMATION -Provide the total general liability, including product and pollution claim amounts (paid and incurred) from first dollar including defense costs for the past five (5) years.

A. attach most current loss runs for claims or occurrences for which there were paid expenses/losses in the last five years.

Year	Expenses Paid	Losses Paid	Amount Reserved	Insurance Company	Claims Made or Occurrence

B. Describe all such claims for which there were expenses or losses over \$5,000 (paid or reserved) _____

Is the undersigned or any person in the organization aware of any claim that has not yet been reported or of any fact, circumstances or situation involving the organization, its affiliates or its subsidiaries, which he/she has reason to believe might result in any future claim within the scope of the proposed insurance? ___ No ___ Yes

If yes, give details _____

D. Are there any claims that involve an assertion of ongoing damage or injury?

___ No ___ Yes

If yes, give details _____

Important Note: It is the responsibility of the applicant to report any new claim or any fact, circumstance or situations that could give rise to a claim that may arise between the date this application is submitted and the effective date of coverage, or such claim, fact, circumstance or situation will be denied coverage.

23. Has the Applicant acquired any new entities within the past five (5) years?

___ No ___ Yes

If yes, list those entities, date of acquisition, and their current and discounted product lines.

24. Does the Applicant have a legal department? ___ No ___ Yes

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Commercial General Liability (Please complete the following section only if you wish commercial general liability coverage included on the policy)

A. Principal locations (For each location attach street address, city and zip code separately)

Location	Occupancy (Indicate if mfg, plant Warehouse office or sales location)	Square Foot Area (Occupied by the Applicant)	Is Applicant owner, tenant lessee or other?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Please give distances to nearest non-owned structures from your location(s).

C. Give a diagram of your premises including indoor storage, segregation of chemicals, Location(s) of flammable liquid storage lockers or vaults, yard storage, tanks and fences. How distances to neighboring property and the occupancy of that property.

D. List bulk storage tanks showing capacity and contents. Indicate location on the diagram. Describe emergency containment systems and location. _____

E. Do you store extremely flammable liquids on your premises? No Yes
Explain controls used to minimize or eliminate the possibility of fires: _____

F. Describe containers used for storing flammable chemicals

G. Do you have explosive chemicals on your premises? No Yes
If yes, describe controls, give location and state controls _____

H. Are your employees trained in emergency fire fighting techniques?
 No Yes
What equipment is available for their use? _____

I. Are the local authorities (police and fire) advised by you of the chemical agents stored on your premises? _____

25. Limit of Liability desired:

	\$1,000,000 each occurrence	\$1,000,000 aggregate
	\$1,000,000 each occurrence	\$2,000,000 aggregate
	\$2,000,000 each occurrence	\$2,000,000 aggregate
	\$3,000,000 each occurrence	\$3,000,000 aggregate
	\$4,000,000 each occurrence	\$4,000,000 aggregate
	\$5,000,000 each occurrence	\$5,000,000 aggregate

If higher limits are desired, please so indicate. Total limits available up to \$10,000,000 each occurrence; \$10,000,000 aggregate

<i>x</i>	<i>each occurrence</i>	<i>aggregate</i>

26. There is a mandatory self-insured retention of \$2,500 each claim; \$12,500 aggregate, Higher SIR options are available. Please indicate choice:

	\$5,000 each claim	\$25,000 aggregate
	\$10,000 each claim	\$50,000 aggregate
	\$25,000 each claim	\$150,000 aggregate
	\$50,000 each claim	\$250,000 aggregate
	\$100,000 each claim	\$500,000 aggregate

The Applicant agrees to reimburse CSI up to the amount of the SIR selected above for any claims administration, defense costs or loss payments that CSI may pay on behalf of the Applicant in connection with any claim that may be made. The Applicant acknowledges that any excess loss payment amounts will be applied against and reduce the coverage limits in accordance with the insurance policy.

27. Please identify by name and title the individual at your company who is responsible for health, safety, environmental and other technical/scientific issues:

Briefly describe his/her training and experience (or attach a biographical statement):

28. Contact Information

Applicant Contact Information

Name _____ Title _____
 Phone # _____ email _____

Household & Commercial Products Association (HCPA)

Name _____ Title _____
 Phone # _____ email _____

Product Care

Are you participating in HCPA's Product Care Program? Yes _____ No _____

Product Care Contact Information

Name _____ Title _____
 Phone # _____ email _____

Product Care is a stewardship program coordinated by HCPA and offers companies a code of best management practices under which to operate. By participating, CSI policyholders receive a 10% discount on their product premium rates subject to the policy minimum premium.

29. Coverage Extensions

CSI Offers the Following Coverage Extension Options; please check coverages desired:

- CSI Broadening Endorsement** includes the following coverages:
 - ◆ Blanket Waiver of Transfer of Rights of Recovery
 - ◆ Blanket Additional Insured - Vendors
 - ◆ Product Withdrawal Expense - \$250,000 limit
 - ◆ Employee Benefits Liability
 - ◆ Pollution Liability from Short Term Event - \$250,000 limit
- Hired & Non-Owned Automobile Liability - If checking coverage, please respond to the following questions:**
 - Does your company own any vehicles? _____
 - How many employees do you have? _____
 - On an average, how much do you spend per year on rental cars? _____
- Stop Gap Liability**
- Additional Insured Status for Specified Relationships**
- Coverage for Certified Acts of Terrorism**

Attach the following to the completed application:

- Product Brochure. Sales Catalogs for all categories for which you have shown sales.
- Material Safety Data Sheets for your commercial-industrial products: product labels for household or consumer products
- Most recent copy of five (5) year Loss Runs must be submitted
- Descriptions of all claims and any facts, circumstances or situations that could give rise to a claim
- If General Liability coverage is desired, a copy of plot diagram for all warehousing and manufacturing locations
- List any additional Applicants for example landlord, mortgage or vendors

30. Applicant/Shareholder Acknowledgments

- A. The Applicant acknowledges that it has been furnished a Policyholder/Shareholder Information Package with Exhibits that describes the CSI Insurance Program. The execution and Submission of this insurance application, the purchase of CSI stock, and the payment of the insurance premium when due, shall evidence acknowledgment that the Applicant has reviewed this information, and that the Applicant agrees to be bound by the terms and conditions for the CSI Insurance Program established by these documents.
- B. As more fully set forth in CSI's By-laws and explained in the Policyholder/Shareholder Information Package that has been furnished to the Applicant, CSI stock, or any interest therein, may not be transferred, pledged or otherwise encumbered (provided that a transfer resulting from a merger, asset purchase or other change in a shareholder's corporate structure may be made with the prior written consent of CSI, which consent may be withheld in the sole discretion of CSI). Shareholders who cease to be insured by CSI for any reason whatsoever are required to sell their stock back to CSI in accordance with the requirements for repurchase of stock as set forth in CSI's By-laws. CSI is not required to pay the amount due until ten years after the repurchase. Under certain circumstances, there is a possibility that no compensation will be paid for stock repurchased by CSI. CSI reserves the right to offset any repurchase compensation due a shareholder by any amounts owed by the shareholder to CSI.
- C. If the Applicant has elected to pay for the purchase price of its CSI stock on an installment basis, then 20% of the purchase price must be paid before the initial coverage is bound. The balance due must then be paid in four equal installments at the time of each annual renewal, for the next four (4) years, as a condition of renewal. The stock will be issued each year only to the extent that consideration is paid to CSI for such stock.
- D. The Applicant understands that membership in the Household & Commercial Products Association is required for initial coverage to be bound and is a condition of renewal. Timely payment of Self Insured Retention amounts also is a condition of renewal. Failure of the insured to maintain HCPA membership and to pay all self insured Retained Amounts when due will result in nonrenewal.

31. Applicant's Warranty

The Applicant warrants and agrees that to the best of its knowledge, the information provided in this application and any addenda is true and that all pertinent information has been completely disclosed. It is also the duty of the Applicant to notify CSI of any changes in its products or of any claim or any fact, circumstance or situation that could give rise to a claim from the date of the application to the time coverage is bound. Failure to comply with these conditions could result in the denial of any claim due to the fact that the product, claim, fact, circumstance or situation was not disclosed prior to the effective date of coverage.

Date _____ Signature of Applicant _____
Officer's Title _____

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 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 policyholder 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 FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement or claim or application containing false, incomplete or misleading information is guilty of a felony of the third degree.

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 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 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 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 DISTRICT OF COLUMBIA APPLICANTS: Warning: 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.

PLEASE RETURN APPLICATION TO:

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