



eKo Specialty Insurance Services, Inc.

www.eKoSpecialty.com

Please e-mail the completed and signed application to: eKo@eKoSpecialty.com

---

## Products Pollution Liability - Supplemental Application

**This Application is for a “Claims-Made and Reported” Policy**

**PLEASE READ IT CAREFULLY AND FILL IT OUT COMPLETELY**

**APPLICANT NAME:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION I: APPLICATION INSTRUCTIONS

**PLEASE ANSWER ALL QUESTIONS AND LEAVE NO BLANKET SPACES. IF ANY QUESTIONS DO NOT APPLY OR THE ANSWER IS “NO”, PLEASE INDICATE.**

**IN ADDITION TO COMPLETING THIS APPLICATION, ALSO INCLUDE THE FOLLOWING INFORMATION IN ORDER TO BE CONSIDERED FOR COVERAGE:**

1. Last three (3) years of Loss Runs (General Liability, Products Liability, and/or Products Pollution Liability policies).
2. Product Brochures, Labels, Instruction, and Advertising Material.
3. Standard Sales Agreement and Warranty.
4. Quality Control Procedures and Product Recall Plans.
5. Any existing Products Liability Loss Control Surveys or Recommendations.
6. Material Safety Data Sheets (MSDS) of each and every product.

## SECTION II: CURRENT PRODUCTS LIABILITY INSURANCE INFORMATION

No Current Products Liability Coverage

Carrier Name	Revenue	Limits of Liability	Retention Amount	Retroactive Date	Policy Premium	Policy Effective Date
_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____

Has any Carrier ever refused to renew or instigated cancellation with respect to a liability policy issued to the Applicant, a predecessor in business, or any person, firm or organization for whom the Applicant has assumed the liabilities of or has a liability policy issued to any aforementioned ever been cancelled at the instigation of any premium finance company?

Yes    No   If **Yes**, please provide details below:

\_\_\_\_\_

## SECTION III: GENERAL INFORMATION

1. Year the Applicant was established? \_\_\_\_\_
2. Has the Applicant ever operated under another name?  Yes    No  
 If **Yes**, please explain: \_\_\_\_\_
3. Has the Applicant acquired, merged, or discontinued any operations within the last five (5) years?  Yes    No  
 If **Yes**, please explain: \_\_\_\_\_
4. Does the Applicant have?    Not Applicable  
 Subsidiaries    Parent Company    Other Related Entities
5. Please list other Named Insureds or Additional Insureds:    Not Applicable  
 \_\_\_\_\_
6. List the Covered Location where the Product is manufactured:  
 \_\_\_\_\_
7. List the Covered Location where the Product is distributed directly by the Applicant:  
 \_\_\_\_\_

## SECTION IV: GROSS REVENUE

Estimated Revenue for the next twelve (12) months for Product Sales only:	\$ _____	Domestic - _____%	Foreign - _____%
1 <sup>st</sup> prior year of Revenue:	\$ _____	Domestic - _____%	Foreign - _____%
2 <sup>nd</sup> prior year of Revenue:	\$ _____	Domestic - _____%	Foreign - _____%

## SECTION V: PRODUCTS INFORMATION

### 1. Product Trade Name: Describe the Product(s) and Use(s), and Customer(s):

### 2. Regarding your Products:

- a. Are the products designed by you?  Yes  No
- b. Do others manufacture, package or install products under your name or label?  Yes  No
- c. Do you manufacture, assemble, package or install products for others under your name or label?  Yes  No  
If **Yes**, please explain: \_\_\_\_\_
- d. Are any components of your products foreign made?  Yes  No  
If **Yes**, please explain: \_\_\_\_\_
- e. Is original installation of such products made by your employees?  Yes  No  
If **No**, please explain: \_\_\_\_\_
- f. Do you maintain and/or service your products?  Yes  No  
If **Yes**, please explain: \_\_\_\_\_
- g. Has your product ever been subject to any inquiry or investigation by any Governmental Agency concerning the efficiency, adequacy or labeling, hazardous content, or safety?  Yes  No  
If **Yes**, please attach full details and result of such inquiry: \_\_\_\_\_

### 3. Regarding Quality Control of your Products:

- a. Are written quality control and testing procedures followed?  Yes  No
- b. How long are quality control and testing records kept? \_\_\_\_\_
- c. Can you identify your product from competitors?  Yes  No
- d. Do your records indicate when each product was manufactured?  Yes  No
- e. Do your records show to whom and the date each product was sold?  Yes  No
- f. Do your records show who supplied the component parts going into your products?  Yes  No

**4. Regarding Loss Control for your Products:**

- a. Do you have a written products safety program for which specific individuals have responsibilities for implementation?  Yes  No
- b. Do you utilize distributors of vendors?  Yes  No  
If **Yes**, please explain: \_\_\_\_\_
- c. Do suppliers and distributors of your product hold you harmless or insure you?  Yes  No  
If **Yes**, please explain: \_\_\_\_\_
- d. Are any of the suppliers, distributors, or dealers affiliated with you?  Yes  No  
If **Yes**, please list: \_\_\_\_\_
- e. Are your products designed, tested, labeled, and manufactured to meet or exceed all applicable government and industry standards?  Yes  No
- f. Are guarantees and/or warranties issued to purchasers?  Yes  No  
If **Yes**, for what period of time do you guarantee and/or warrant your product(s)? \_\_\_\_\_
- g. Do you provide training or instruction in the use of any product?  Yes  No
- h. Do you have a specific program to withdraw known or suspected defective products from the market?  Yes  No
- i. Have you ever recalled or are you considering recalling any product?  Yes  No  
If **Yes**, please explain: \_\_\_\_\_

**5. Regarding the accident/claims procedures for your Products:**

- a. Do you have a written procedure for obtaining information about any complaints, accidents, or injuries involving your products?  Yes  No
- b. If utilizing distributors/vendors, are your distributors aware of your procedures for prompt notice?  N/A  Yes  No
- c. Do your procedures provide for the examination and preservation of any allegedly defective product?  Yes  No
- d. Are the results of such examinations recorded?  Yes  No
- e. Are the results used for improving the product or process procedures?  Yes  No

## SECTION VI: PRODUCTS INFORMATION CHART

Please complete the information below for those products in which coverage is requested. This policy only provides coverage for those products specified in the policy. Attach additional pages, if needed.

Product Name	Years on the Market	Current Sales	Prior Year Sales	Customer Name
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

## SECTION VII: CLAIMS HISTORY

1. Has any claim, suit or notice of incident been made previously (within the last five years) against the Applicant (or Predecessor Company)?  Yes  No

If **Yes**, please provide the following information: (a) the date when the claim was made; (b) the date of the incident, act or omission giving rise to the claim; (c) name of the claimant; (d) nature of the claim; (e) amount paid or estimated to be paid; and (f) current status and/or final disposition of claim. Attach additional pages, if necessary.

\_\_\_\_\_

2. Has any member of the Applicant, or predecessor firm or any entity that the Applicant wholly or partly owns, manages, and/or controls aware of any circumstances that may result in any claim, suit or notice of incident or occurrence against them?  Yes  No

If **Yes**, please provide further details. Attach additional pages, if necessary.

\_\_\_\_\_

3. Has any member of the Applicant, or predecessor firm or any entity that the Applicant wholly or partly owns, manages, and/or controls been the subject of a disciplinary action as a result of their professional activities?  Yes  No

If **Yes**, please provide further details. Attach additional pages, if necessary.

\_\_\_\_\_

## APPLICANT FRAUD WARNINGS

**NOTICE TO ARKANSAS 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 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 for the purpose of defrauding or attempting to defraud the 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 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.

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

**NOTICE TO KANSAS APPLICANTS:** A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**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 knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 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: All Commercial Insurance, Except As Provided for Automobile Insurance:**

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.

**Automobile Insurance:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each 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 PENNSYLVANIA APPLICANTS: All Commercial Insurance, Except As Provided for Automobile Insurance:**

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.

**Automobile Insurance:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**NOTICE TO RHODE ISLAND 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 TENNESSEE APPLICANTS: All Commercial Insurance, Except As Provided for Workers' Compensation** 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.

**Workers' Compensation:** It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO UTAH APPLICANTS: Workers' Compensation:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.



**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 WASHINGTON 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 WEST VIRGINIA 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 ALL OTHER STATES:** Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.  
(Applicant Fraud Language last updated 12/11 using Notice to Policyholders PN CW 01 1211)

After reasonable inquiry, I warrant that the information and statements contained in this application for insurance are true and correct, and that no material facts have been withheld or misstated. I understand that this application, and all other materials and information submitted to the Company in connection with this application for insurance, are incorporated and made a part hereof. I also understand that the Company will rely upon the application, materials and information submitted in the underwriting process in the formation of any subsequent contract of insurance entered into.

I understand that the completion of this application does not bind coverage. Acceptance of a quotation from the Company is required prior to binding coverage with the Company.

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

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

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