

# PRODUCTS LIABILITY

## Key Underwriting/Qualifying

### Factors (Including but not limited to):

- Vendor status/certificates of insurance
- U.S.-based operations
- Deductible versus SIR requirements
- Stand alone products coverage available
- General liability must include products coverage
- Experience evaluation
- \$7,500 minimum account premium

### Ineligible for this program:

- Aviation
- Latex gloves
- Tobacco products

### K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing K&K's Products Liability clients
- Excellent relationships with several leading insurance carriers
- Active participation in product trade associations such as The International Boat Builders Exhibition & Conference (IBEX), International Health, Racquet & Sportclub Association (IHRSA), Specialty Equipment Market Association (SEMA) and International Association of Amusement Parks and Attractions (IAAPA)
- 24-hour emergency claims phone service
- Insurance carriers rated "A" or higher by A.M. Best
- Premium financing available
- Assistance with surplus lines tax filings

K&K's Product Liability Program was developed for the sports, leisure and entertainment industry with emphasis on automobile, motorcycle, sports equipment, boat, trailer and amusement ride manufacturers. The program includes most support industries and other tough product liability classes.

## Coverages Available & Program Highlights:

---

### Products Liability

- Vendors as Additional Insureds
- Worldwide coverage
- Occurrence or Claims Made policy forms
- Deductible and SIR Options Available

### General Liability (including products coverage)

### Umbrella/Excess Liability

## Eligible Operations:

---

- Auto, motorcycle, truck parts
- Boats & marine equipment
- Camping equipment
- Critical auto parts
- Collector car kits, street rods, kit cars
- Custom motorcycle manufacturers
- Distributors
- Exercise equipment
- Gymnastic & martial art equipment
- Industrial products
- Importers
- Manufacturers
- New Ventures
- Racing equipment and parts
- Ski equipment, snow boards, skate boards
- Sports equipment, helmets
- Trailers & recreational vehicles
- Vitamins & Supplements

Insuring the world's fun.®

### **Contact Information:**

1712 Magnavox Way  
P.O. Box 2338  
Fort Wayne, IN 46801-2338

### **Products Liability Program**

PHONE: 800.927.4756

FAX: 847.953.2901

EMAIL:

KK.General@kandkinsurance.com

WEB SITE:

kandkinsurance.com

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

### **Submission Instructions:**

---

To request an insurance quotation through this program, please submit the appropriate applications along with the preliminary underwriting information listed. In some cases, requested coverages may not be offered or available due to underwriting criteria and/or carrier guidelines. It is important to carefully review the terms and conditions of any insurance quotations received. Please contact a K&K representative at (800) 927-4756 if you have any questions.

### **Preliminary Underwriting Information Required:**

---

- K&K Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of current valued loss runs or equivalent
- Website address, brochure or narrative describing products and operations

### **Products Liability Application(s):**

(Applications can be obtained from our web site: [kandkinsurance.com](http://kandkinsurance.com))

---

#### **K&K Application(s)**

- Application for Product Liability Insurance

#### **ACORD Application(s)**

- Commercial Information
- General Liability
- Umbrella/Excess

Insuring the world's fun.®



1712 Magnavox Way P.O. Box 2338  
 Fort Wayne, IN 46801-2338  
 (800) 637-4757 Fax (260) 459-5971  
 www.kandkinsurance.com  
 CA# 0334819

# APPLICATION FOR MANUFACTURER'S PRODUCT LIABILITY INSURANCE

## Applicant's Instructions:

1. Answer all questions. If the answer to any question is NONE, please state NONE. Do not use N/A or Not Applicable.
2. Please read carefully the statement at the end of this application.
3. Please attach the following information:
  - A. Product brochures, catalogs, service agreements, labels, instructions and/or website address.
  - B. Current audited financial statement (or pro forma) - if requested.

## 1. Applicant

Please type or print. Proposed effective date: \_\_\_\_\_

- A. Full name of applicant: \_\_\_\_\_
- B. Principal address: \_\_\_\_\_  
 \_\_\_\_\_
- C. Website Address: \_\_\_\_\_
- D. Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_
- E. E-mail Address: \_\_\_\_\_
- F.  Corporation     Partnership     Proprietorship     Other \_\_\_\_\_
- G. Years in business under present name: \_\_\_\_\_
- H. Describe present or prior affiliation with other firms: \_\_\_\_\_  
 \_\_\_\_\_
- I. Estimate for upcoming year: Domestic Sales/Receipts: \$ \_\_\_\_\_  
 Foreign Sales/Receipts: \$ \_\_\_\_\_
- J. Payroll estimate: \$ \_\_\_\_\_
- K.  Manufacturer     Wholesaler     Retailer     Importer     Exporter     Other \_\_\_\_\_

## 2. Specifications

- |   | Requested | Present  |
|---|-----------|----------|
| A. Limits of liability:   | \$ _____  | \$ _____ |
| B. Self-insured retention or deductible (specify):  | \$ _____  | \$ _____ |
| C. Retroactive date (If applicable):  | _____     | _____    |
| D. Present insurer: _____ and premium \$ _____  |           |          |
| E. Has any insurer ever cancelled, restricted or refused to renew your products liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please attach details. _____ |           |          |

### 3. Products and Completed Operations

A. Describe your products and services. Show the number of years involved with each product. Indicate which products you distribute, install, service or repair: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. Products acquired via acquisition or merger: \_\_\_\_\_  
 Did you assume liability for these products?  Yes  No  
 If yes, please explain: \_\_\_\_\_

C. Do you retain liability for products or divisions that you no longer control?  Yes  No  
 If yes, please explain: \_\_\_\_\_

D. Do you plan the introduction of any new products?  Yes  No  
 If yes, please explain: \_\_\_\_\_

E. Have you discontinued any products?  Yes  No  
 If yes, please explain and include the date(s) discontinued: \_\_\_\_\_  
 \_\_\_\_\_

F. Sales History	Sales	Units Sold	Principal product(s) and/or service(s)	Percent of total sales
Estimated (next 12 months):	\$ _____	_____	_____	_____
Past 12 months:	\$ _____	_____	_____	_____
1st previous year:	\$ _____	_____	_____	_____
2nd previous year	\$ _____	_____	_____	_____
3rd previous year	\$ _____	_____	_____	_____
4th previous year	\$ _____	_____	_____	_____

Replacement parts are what percentage of total sales? \_\_\_\_\_%

G. Has there been a significant change in product mix?  Yes  No

H. Do you import products or component parts?  Yes  No

I. Do you export products or have foreign operations?  Yes  No

J. Could any of your products or services be used on or in connection with:  
 Pharmaceuticals/cosmetics/vitamins/herbs?  Yes  No  
 Aircraft/missile/aerospace?  Yes  No  
 Watercraft or offshore?  Yes  No  
 Transportation/pollution/waste treatment?  Yes  No

K. Do you make or handle any product that is explosive, flammable or poisonous, either by itself or in combination with other materials?  Yes  No

L. Are any of your products sold under another company's name or label?  Yes  No

M. Do you purchase materials or components for others?  Yes  No

N. Do you assemble your products?  Yes  No

O. If your product is assembled by others, do you supervise?  Yes  No

P. Do you install your product?  Yes  No

Q. Have you ever manufactured or distributed asbestos-containing products?  Yes  No

R. If your product is installed by others, do you supervise or furnish instructions as to installation?  Yes  No

If yes, please attach a copy.

S. Percent of total sales to: Wholesalers \_\_\_\_\_ %      Retailers \_\_\_\_\_ %      Consumers \_\_\_\_\_ %  
 East \_\_\_\_\_ %      Midwest \_\_\_\_\_ %      West \_\_\_\_\_ %

T. Suppliers and distributors:

Do you hold them harmless or insure them?  Yes  No

Do they hold you harmless or insure you?  Yes  No

If yes to either of the above, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**4. Claim History- 5 years or more (attach a hard copy from prior carriers.)**

A. Total aggregate losses, from first dollar, including expenses:

Evaluation Date	Carrier	Policy Period	No. of Claims	Total Amounts Paid Indemnity	Total Amounts Paid Expense	Amount Reserved Indemnity	Amount Reserved Expense	Total Incurred
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

B. Individual losses valued at \$10,000 or more, from first dollar including expenses:

Date of Claim	Product Involved	Describe Occurrence and Injury or Damage	Total Amounts Paid Indemnity	Total Amounts Paid Expense	Amounts Reserved Indemnity	Amounts Reserved Expense
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

C. Are you aware of any other incidents, conditions, circumstances, defects or suspected defects which may result in claims against you?  Yes  No

If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 5. Loss Prevention • Product Design • Quality Control

- A. Have your products ever been subject to inquiry or investigation relative to product safety by any government agency? If yes, please attach details.  Yes  No
- B. Do you have a written product recall plan? If yes, please attach a copy.  Yes  No
- C. Have you ever recalled products because of a potential product safety hazard? If yes, attach details indicating percent of recovery.  Yes  No
- D. Do you do your own design work?  Yes  No
- E. Do you maintain records of design changes and reasons justifying these changes?  Yes  No
- F. Are your designs subject to independent external review, testing or certification?  Yes  No
- G. Are your products designed, tested, labeled and manufactured to meet or exceed all government and industry standards?  Yes  No
- H. Are written testing procedures followed?  Yes  No
- I. How long are quality control and testing records kept? \_\_\_\_\_
- J. Supplies and components:
1. Are they ordered to your specifications?  Yes  No
  2. Have you determined which ones are critical to the safety of your final product?  Yes  No
  3. List those critical items, indicate whether testing is on a sample basis or on all units: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  4. Are warranties obtained from all suppliers?  Yes  No

## 6. Instructions • Warnings • Loss Control • Defense

- A. Do you provide any specific training/instruction for the ultimate user in the proper use of your product?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. Explain how you identify your products and parts from similar competitors' products and parts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. Can you determine based on available records for all products you have sold:
1. When any given product item was manufactured?  Yes  No
  2. To whom it was sold, and the date of sale?  Yes  No
  3. Who supplied parts and supplies?  Yes  No
- D. Accident procedure:
1. Do you have a written procedure for obtaining information about product complaints, accidents and injuries involving your product(s)?  Yes  No
  2. Does your procedure provide for examining and preserving any allegedly defective product, with the results of such examination recorded?  Yes  No

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)







# MANDATORY SIGNATURE SUPPLEMENT

**THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:**

**Applicant name:** \_\_\_\_\_

## 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.

### **Applicable in AL**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

### **Applicable in AR, LA, MD, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

### **Applicable in CO**

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.

### **Applicable in DC**

**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.

### **Applicable in FL**

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.

### **Applicable in KY**

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.

### **Applicable in ME, TN, and WA**

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 and denial of insurance benefits. \*Applies in ME Only.

### **Applicable in NM**

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.

### **Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **Applicable in NY**

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.

### **Applicable in OH**

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.

### **Applicable in OK**

**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.

### **Applicable in PA**

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.

### **Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

### **Applicable in VA**

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 benefits.

FRAUD APPS (2019/11)

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRODUCER'S SIGNATURE (if applicable)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE (MM/DD/YY)

\_\_\_\_\_  
DATE (MM/DD/YY)