



Insured by THE CIA

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Products and Completed Operations Application

Applicant's Instructions:

- 1. Answer all questions. If the answer to any questions 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. Products brochures, catalogs, service agreements, labels, instructions or written statements
B. Latest annual report
C. 10K report (if traded publicly)
D. Current audited financial statement (or pro forma)
E. Additional explanation to questions herein where appropriate

Please Type or Print

1. Applicant: Proposed Effective Date:

A. Full name of all entities of the applicant:

B. Principal Address:

C. Contact: Title: Phone:

D. Corporation: Partnership Proprietorship Other

E. Years in business under present name:

F. Describe present or prior affiliation with other firms:

G. Estimate for upcoming year:

Domestic Sales/ Receipts:

Foreign Sales/ Receipts:

H. Payroll Estimate:

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?

Yes No 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