



MANUFACTURERS ERRORS AND OMISSIONS APPLICATION

Applicant _____

Mailing Address _____

City _____ State _____ Zip _____

Effective Date _____

Claims Made Coverage Deductible \$2500

Limits of Liability Per Claim / Aggregate \$25,000/ \$50,000 \$50,000/ \$100,000

Retroactive Date * _____

*Retroactive Date cannot be prior to the effective date of Merchants Insurance Manufacturers E & O application

Do you currently carry Errors & Omissions Liability Coverage similar to that being applied for in this application? Yes No

a. Carrier's Name _____

b. Limit of Insurance _____

c. Effective Date _____

d. Deductible _____

e. Current Premium _____

f. Retroactive Date _____

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Wood Products | <input type="checkbox"/> Electronics/Instruments | <input type="checkbox"/> Beverage Products | <input type="checkbox"/> Paper Goods |
| <input type="checkbox"/> Food Products | <input type="checkbox"/> Metal Goods | <input type="checkbox"/> Textile and Leather Goods | <input type="checkbox"/> Miscellaneous Products |

Describe Miscellaneous Products _____

Describe Your Customers

1. Average customer tenure? _____ (years)

2. Batch size

- Products made continuously
- Products made in large batches
- Products made in small batches

3. Are most products made for a small number of customers Yes No

4. Are written contracts required for all/most customers Yes No

5. Are purchase orders used with most customers Yes No

Do you have a website? Yes No

Website Address _____



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Check all of the following that apply to your handling of customer complaints.

- THERE is a written policy for handling complaints or change requests
- All complaints are investigated
- All complaints are documented in writing and recorded in a log
- Serious complaints are escalated to the attention of top management

If you have had Manufacturers Errors and Omissions coverage at any time in the last seven (7) years, use the table below to describe any claims under the policies and provide complete details on a separate sheet.

Insurer	Date Of Loss	Description Of Loss	Type Of Loss*	Amount of Loss	Status Open [O] Closed [C]

*Type of Loss

- ✓ Product Recall
- ✓ Past Due Contract
- ✓ Failure to Meet Warranties/Representations
- ✓ Failure to Meet Performance Expectations
- ✓ Other

Does anyone in your organization have any knowledge or information of any fact, circumstances or incident that has resulted in a dispute or customer complaint that may reasonably be expected to result in a claim or suit against your company? If so, describe in the table below and provide details on a separate sheet.

Date of Complaint	Description of Complaint	Complaint status Open [O] or Closed [C]	Type of Complaint*

*Type of Complaint:

- ✓ Error or Omission
- ✓ Unresolved contract dispute
- ✓ Other



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How many customer payments have been withheld during the last three years? _____

Type of Work/Processes let to others & percentage of Work/Processes let to others.

Type of Work/Processes	% of Work/Processes

- Do you have written hold harmless agreements with your subcontractors that hold you harmless? Yes No
- Are you and your customers indemnified for damages caused by subcontractors? Yes No
- Do you negotiate contract agreements in which you accept liability for consequential damages? Yes No
- If "yes", % of the time _____

LOSS HISTORY

Have you or your subcontractors experienced any of the following in the past three years?

- a. Product recalls Yes No
- b. Past due contracts Yes No
- c. Allegations that your product did not meet your customer's performance expectations Yes No
- d. Allegations that your product did not comply with your warranties or representations Yes No

Please explain all "YES" responses

Are you aware of any act, error or omission, unresolved contract dispute, or any other situation that may result in a claim?

- Yes No

If "YES", please explain

Has any company ever declined to write, cancelled or non-renewed Errors and Omissions for you? Yes No

If "YES", please explain

Do you manufacture component parts/products to be used in someone else's product? Yes No

Do you manufacture final products? Yes No

Do you currently manufacture or have you ever manufactured parts/products for the following uses (check all that apply)

- | | | | |
|-------------|---|---------------------|---|
| Aircraft | % | Watercraft | % |
| Automobiles | % | Medical | % |
| Aerospace | % | Hazardous Chemicals | % |



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Which industries did you or do you serve? _____

Are all parts/products manufactured to customer designs and specifications? Yes No

If no, what percentage do you design? _____

Do you obtain written approval from customer for any product designed by your company? Yes No

Percentage of contract agreements in which you accept liability for consequential damages _____ %

Percentage of products designed by your company for customers _____ %

Do you provide design services for others? Yes No

If yes, explain

Are customer designs and or specifications ever modified without customer review? Yes No

Have any of your past/current products contained any of the following

Asbestos Yes No

Magnesium Yes No

Lead Yes No

Silica Yes No

Explain how your products are identifiable as items you have manufactured?

Are written quality control and testing procedures in place and followed? Yes No

How many years are quality control and testing records maintained?

Do you have a printed product safety program? If yes, attach a copy. Yes No

Do your records indicate the following?

When each part/product was manufactured Yes No

To whom each part/product was sold, including date? Yes No

Do you use third party testing of products? Yes No

If yes, indicate who

Do you hold any certifications (ISO, UL Listing, etc?) Yes No

List

Are there adequate and conspicuous warnings and instructions for each product? Yes No



MANUFACTURERS ERRORS AND OMISSIONS APPLICATION

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.

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

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE

Producer's signature _____

Applicant's signature _____

Date _____