



BURR AND COMPANY

CONFIDENTIAL LIABILITY APPLICATION

ARCHERY PRODUCTS MANUFACTURING INDUSTRY

Insurance Solutions Since 1972

Named Insured: _____ Phone No: _____

Mailing Address: _____ Fax No: _____

City _____ St _____ Zip _____ Contact Name: _____

Township & County: _____ Email: _____

(It is important that you show both)

FEIN: _____

Expiration Date of Current Policy: _____ Website: _____

Is current coverage claims made? Yes No If Yes, indicate date of claims made coverage: _____

Current Insurance Carrier: _____

1st Prior Year: _____ Current Policy Limit: \$ _____ Occurrence

2nd Prior Year: _____ \$ _____ Aggregate

3rd Prior Year: _____ Current Premium or Rate: \$ _____

Current Deductible: \$ _____

Individual Partnership Corporation Other (Describe): _____

How many years have you been in business under the present name? _____

Have any of the principals ever engaged in this or similar enterprises under a different name? Yes No

If Yes, attach details.

Location(s) at which product(s) are manufactured or are distributed directly by the Insured. (Show complete address)

Locations Manufactured

Locations Distributed (Need to be added as Additional Insureds)

Completely list and describe product(s) to be insured: **(Be specific and INCLUDE BROCHURES)**

Of what material or components is each product principally manufactured?

Do you manufacture complete product? Yes No

If No, what component parts are purchased? Your company should be named as an Additional Insured on the manufacturer's general liability policy that produces the component part.

Do you maintain quality control procedures? **(Describe)** Yes No

Do you maintain and/or service the products? **(Describe)** Yes No

Are serial and/or batch numbers shown on the finished product and on shipment invoices? Yes No

Can the date of manufacture of each product be identified by the product number stamped on it? Yes No

Do you keep samples of products involved in your quality control procedures?
If Yes, how long are samples retained? Yes No

Have you ever recalled any of your products for any reason?
If Yes, list details on a separate page and include with this application. Yes No

Do you have a products recall plan?
If Yes, list details on a separate page and include with this application. Yes No

Has your product ever been subject to any inquiry or investigation by any governmental agency concerning the efficiency, adequacy of labeling, hazardous contents of safety?
If Yes, list full details and results or inquiry on a separate page and include with this application. Yes No

Estimated Payroll for the next 12 months: _____

Estimated Sales for the next 12 months: _____

FOR TREESTAND MANUFACTURERS ONLY:

Estimated Number of Treestands manufactured for the next 12 months: _____

Estimated Number and Type of Treestand Accessory Products manufactured for the next 12 months: _____

Are you certified to TMA Standards? Yes No If so, when? _____

If coverage is desired for vendors or distributors, indicate their sales for the next 12 months:
Show sales for the previous 5 years with principal products:

- 1. Starting Year _____ Gross Sales \$ _____
- 2. _____ Gross Sales \$ _____
- 3. _____ Gross Sales \$ _____
- 4. _____ Gross Sales \$ _____
- 5. _____ Gross Sales \$ _____

What percentage of sales are for replacement parts? _____ %

Have you ceased to manufacture any products during the past 5 years?

If Yes, list product description and sales by year: **(Attach separate sheet if necessary)**

Yes No

Do you plan to manufacture any new products to be marketed within the next 12 months:

If Yes, list product description: **(Attach separate sheet if necessary)**

Yes No

Are any parts of your products subject to deterioration?

If Yes, describe and indicate period of time. **(Attach separate sheet if necessary)**

Yes No

Are any of your products flammable or explosive?

If Yes, list product and details. **(Attach separate sheet if necessary)**

Yes No

Do you issue guarantees or warranties to purchaser?

If Yes, for what periods do you guarantee or warranty your products? _____

(Attach full details and copy of your form of guarantee or warranty)

Yes No

Do you agree to hold dealers, distributors or suppliers harmless against claims or suits for personal injuries or property damages in connection with your products?

If Yes, attach copies of your standard forms. **(Attach separate sheet if necessary)**

Yes No

Are any of the above dealers, etc., affiliated with you?

If Yes, list explanation. **(Attach separate sheet if necessary)**

Yes No

If you are a distributor, are you insured by the manufacturer?

If any products are accompanied by a written brochure, labels, instructions or other written statements, include copies or samples.

Yes No

Give claims history on following form or equivalent (5 years); indicate if amounts shown are full claims figures or just the amount in excess of a deductible. **You can obtain insurance company loss runs from your former agent or write the company directly to get an accurate picture of claims reported.**

We require 5 years hard copy loss runs valued within the last 6 months. You must request these from your current and past agents.

We also need your most recent financial statement.

If any individual claim (paid or reserved) exceeds \$10,000.00, give description, date and amount.

Date	Amount	Description

Are you aware of any incidents, not yet reserved, that may result in claims against you? Yes No

Has any insurer ever cancelled or refused to issue or renew your products liability insurance? Yes No

Which type of insurance coverage do you desire? Claims Made
 Occurrence

Which type of liability coverage do you desire? Products Liability Only
 General Liability including Products Liability

What limits of liability coverage do you require?

LIABILITY COVERAGE	LIMITS OF COVERAGE
1. General Aggregate	\$
2. Products & Complete Operations Aggregate	\$
3. Personal & Advertising Injury	\$
4. Each Occurrence	\$
5. Fire Damage (Any One Fire)	\$
6. Medical Expense (Any One Person)	\$

FOR PRODUCTS
LIABILITY COMPLETE
ITEMS 2 & 4 ONLY.

What deductible (SIR) do you require for Bodily Injury / Property Damage Per Occurrence?

What past and present deductibles have applied?

LOSS HISTORY:

List all losses for the last five years. If no losses, enter NONE in date column.

TYPE OF LOSS	DATE OF LOSS	AMOUNT	OPEN (O) CLOSED (C)	DESCRIPTION

Applicant _____ Date: _____

FRAUD STATEMENTS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

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 FLORIDA

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 HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

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 WASHINGTON

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.

Signature _____ Date _____

Title _____

Please mail, email or fax your completed Liability Application to:



BURR AND COMPANY

ATTN: JEFFREY A. DEREGNAUCOURT, ARM
ATRIUM BUILDING, SUITE G-19
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GRAND RAPIDS, MICHIGAN 49546-5781
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INSURANCE PROGRAMS FOR THE ARCHERY INDUSTRY