

COVERAGE APPLICATION

Application for:

- Discontinued Products Liability Insurance**
- Successor Liability Insurance**
- Retroactive Liability Insurance**
- Trigger Conversion Insurance**

Applicant Name: _____

Mailing Address: _____

<p>Injury or Offense Period*:</p> <p>Effective Date: _____</p> <p>Expiring Date: _____</p> <p><small>* The "injury or offense period" is the period during which a covered injury or offense would occur in the future or would have occurred in the past.</small></p>	<p>Claim Reporting Period*:</p> <p>Effective Date: _____</p> <p>Expiring Date: _____ (If applicable)</p> <p><small>* The "claim reporting period" is the period during which the first report of a covered claim could be made to the insured or insurer. In no case will claims be accepted for periods prior to the date we agree to bind coverage.</small></p>
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➤ **Coverage Requested:**

___ **Products-Completed Operations**

___ **Excess Liability**

___ **General Liability**

___ **Other** _____

Limit Requested:

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➤ **Deductible / Self Insured Retention Requested:** _____

Insured is: Corporation ___ Joint Venture ___ Partnership ___ Individual ___ Other(Describe): _____

Description of all businesses, operations and products (current or prior) potentially exposing the injury or offense period including a complete description of all subsidiaries and entities. (Attach a Separate Listing if necessary):

1.	
2.	
3.	
4.	
5.	
6.	

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Please provide a description of any entities, subsidiaries operations, products or services which have either been sold, divested or discontinued within the last 10 years (or during the injury or offense period) for which coverage is requested. Include the year sold, discontinued or otherwise divested as well as the estimated product life and number of products estimated to still be operational and in use (include separate attachments if necessary).

Year	Transaction Type/Description	Product/Project Life Span	Cumulative Amount Still Viable And In Use

- A. With respect to any discontinued, divested or sold assets, businesses, entities, products or services, describe any liabilities that have been assumed or retained by the Applicant.

- C. If the liabilities have been assumed by others, please describe by whom and the extent for which they are liable.

- D. If coverage is requested in connection with operations or products of an entity that has been (or to be) discontinued, divested or sold by the Applicant, then indicate if coverage is to apply only to the Applicant as “the insured” or to both the Applicant and the acquiring entity as “insured’s”?

- E. Describe and quantify any incomplete or unsold inventory at the time of this transaction. Indicate the disposition plans for any such inventory.

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- E. Any drug, medical device or dietary supplement related products or services? Yes__ No__
If yes: _____
- F. Any products or services discontinued (including for safety or other reasons)? Yes No
If yes: _____

POLLUTION – *Please explain all “yes” answers fully*

- A. Has an E.P.A. or other regulatory agency number been assigned to any insured as a generator, transporter, storer, treater or disposer of hazardous waste? Yes__ No__
- B. Are there any underground storage tanks at any location of the insured? Yes__ No__
In the past? Yes__ No__
- C. Have there ever been any underground storage tanks at any location of the insured? Yes__ No__

CONTRACTS / INSTALLATION / SERVICE WORK

Please explain all “yes” answers fully. Include separate attachment as necessary.

- A. Describe any installation, repair, service or other work. Include separate attachments as necessary, listing projects and related revenues for the last 10 years.
- B. All contract work by Applicant or with subcontractors supported by formal written contracts?
Yes__ No__
If no, why not: _____
- C. Any work subcontracted to others? Yes__ No__
If yes, describe what types and amount of work:

- D. All contracts with subcontractors, suppliers and vendors reviewed by legal council?
Yes__ No__

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If no, why not:

E. All contracts with subcontractors and suppliers require indemnity to the Applicant and holding the Applicant harmless from legal action?

Yes ___ No ___

If no, explain:

F. Subcontractors and suppliers required to carry liability insurance?

Yes ___ No ___

If yes, what types and limits:

G. Subcontractors and suppliers required to provide the Applicant with “insured” status?

Yes ___ No ___

If no, explain:

H. Subcontractors and suppliers required to provide certificates of insurance to the Applicant?

Yes ___ No ___

If no, explain:

I. Architects, engineers, surveyors or other professionals employed or contracted?

Yes ___ No ___

If yes, explain:

OTHER EXPOSURES – *Please explain all “yes” answers fully*

- | | | |
|---|-----|----|
| A. Any Medical Professionals Employed? | Yes | No |
| B. Any Independent Contractors Employed? | Yes | No |
| C. Own, Operate or maintain a Railroad? | Yes | No |
| D. Any Liability(ies) Assumed Under Contract? | Yes | No |

LOSS PREVENTION/PRODUCT RECALL PLANS & CONTROLS

Please explain any "yes" answers fully

- A. Does the applicant currently have in place a formal loss prevention and quality control program? Yes No

If yes, attach a copy of the program and/or explain below.

- B. Describe Quality Control Procedures.

- C. Does the insured have in place a formal recall plan?
Yes__ No__

If yes, attach a copy of the program. Describe formal plans for handling future (after the transaction) customer claims, communications and complaints and product recalls.

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D. Any products ever recalled, withdrawn or suspended from use (voluntary or involuntary) due to actual or potential defects or safety reasons, including provisions of information or material for retro fitting?

Yes___ No___

If yes, describe recall / retro fit actions and percent of products actually recovered / retro fit:

E. Are warning labels, manuals and advertising materials reviewed by legal counsel?

Yes__ No__

F. Are all advertising materials, instruction manuals, packaging and warning labels reviewed by legal counsel?

Yes__ No__

If not, why not: _____

G. Describe how to identify and distinguish products from similar (competitors) products at time of loss:

H. Describe how to identify and quantify products by date of manufacture and sales at time of loss:

I. Does the Applicant maintain records of:

a) when and where products were manufactured?

Yes___ No___

b) to whom products were sold and the date of sale?

Yes___ No___

c) who supplied components and ingredients going into products?

Yes___ No___

d) quality control and product material tests?

Yes___ No___

Describe record keeping practices: by whom, where and for how long records are maintained, including maintenance and access in the future (after the transaction):

- J. Describe formal plans for handling future (after the transaction) maintenance, repair, service and warranty work:

LOSS EXPERIENCE

Please explain any "yes" answers fully

- A. Is the Applicant aware of any circumstances, injuries or offenses that might lead to a claim or suit being filed, including losses arising out of discontinued, divested or sold businesses or operations, or products no longer manufactured or sold?

Yes __ No __

If yes, explain:

- B. Has the applicant had any settlements or judgments that are sealed and not disclosed within this application?

Yes __ No __

If yes, explain:

- C. Is the applicant currently or in the past involved in any litigation by any governmental body?

Yes __ No __

If yes, explain:

- D. Please provide on separate attachment an individual description of the losses \$10,000 or greater, the date of the loss, current disposition (Open or Closed?) and any pertinent details (including amounts within any deductible/retention and loss adjustment expenses).

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For each line of insurance, give aggregate loss experience for each year of Injury or Offense Period or the past 10 years, whichever is greater.

GENERAL LIABILITY LOSS HISTORY

(Other than Products/Completed Ops)

YEAR	# OF LOSSES	INDEMNITY	DEFENSE/ALAE	TOTAL INCURRED	VALUATION DATE

*** INCLUDE BOTH PAID AND RESERVED LOSS INFORMATION**

PRODUCTS/COMPLETED OPERATIONS LOSS HISTORY

YEAR	# OF LOSSES	INDEMNITY	DEFENS/ALAE	TOTAL INCURRED	VALUATION DATE

*** INCLUDE BOTH PAID AND RESERVED LOSS INFORMATION**

OTHER LOSS HISTORY

PRIOR INSURANCE:

Please complete the chart below for EACH of the requested injury or offense period (s). (Additional copies of the chart are attached to the back of this application under Schedule I).

YEAR _____

Type of Insurance	General Liability	Products/Comp Oper	Pers. Inj Adv. Liab.	Other	Other
Carrier					
Policy No.					
Eff. Date					
Policy Type	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made
Retro Date					
Limits of Insurance	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate
Annual Prem	\$ Occurrence	\$ Occurrence	\$ Occurrence	\$ Occurrence	\$ Occurrence
Deductible Limit	\$ Aggregate	\$ Aggregate	\$ Aggregate	\$ Aggregate	\$ Aggregate

**** Attach a copy of all applicable primary policies *****

Does CGL include Broad Form Coverage? Yes __ No __

If no, why?

FINANCIAL INFORMATION (annual reports, 10-K's and other pertinent data)-

- A. Please attach copies of the current annual report and 10-K Report as well the previous Annual Reports and 10-K Reports for each year of the injury or offense period (if available).
- B. Describe any operations not otherwise described within the Annual Reports or 10-K's which the applicant is currently involved in or has been involved in the past (e.g. construction work, owned properties, etc.)
- C. As part of this application, please attach copies of:
 - a. Purchase/sale/acquisition/merger transaction agreements, including all schedules, exhibits and disclosure statements.
 - b. Letters of intent, prospectus, side agreements and letters relating to the transaction.

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REMARKS

Please explain any “yes” answers to any previous questions. Use this space to give any other pertinent information.

THIS IS NOT A BINDER OF COVERAGE

ANY CLAIMS ARISING OUT OF CIRCUMSTANCES KNOWN TO YOU (WHICH OTHERWISE WOULD BE LIKELY TO GIVE RISE TO A CLAIM UNDER THE PROPOSED INSURANCE) ARE EXCLUDED FROM COVERAGE UNDER ANY EVENTUAL INSURANCE WE MAY PROVIDE.

COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE. APPLICANTS ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

CERTIFICATION

The undersigned persons declare that to the best of their knowledge the statements set forth above and in any attachments to this application are true and correct, and that every reasonable effort has been made to obtain sufficient information to facilitate the proper and accurate completion of this application. The undersigned agree that if any significant change in the conditions of the Applicant is discovered between the date of this application and the effective date of the policy which would render this application inaccurate or incomplete, notice of such change will be reported in writing to the company immediately and, if necessary, any outstanding quotation may be modified or withdrawn. The undersigned persons understand and further agree that the completion and signing of this application neither binds the company to sell nor the Applicant to purchase the insurance.

False Information:

Any person who, knowingly and with intent to defraud an insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

THE STATEMENTS AND ANSWERS GIVEN ON THIS APPLICATION ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION.

Applicant Name/Legal Representative (print)

Title

Applicant Signature

Date

Broker Name (print)

Title

Broker Signature

Date

SCHEDULE 1

PRIOR INSURANCE:

Please complete the chart below for EACH year of the injury or offense period.

YEAR _____

Type of Insurance	General Liability	Products/Comp Oper	Pers. Inj Adv. Liab.	Other	Other
Carrier					
Policy No.					
Eff. Date					
Policy Type	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made
Retro Date					
Limits of Insurance	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate
Annual Prem	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate
Deductible	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate
Limit					

**** Attach a copy of all applicable primary policies ****

Does CGL include Broad Form CGL Coverage? Yes__ No__

If no, Why?