

EUROPEAN-AMERICAN, INC.

PRODUCTS & COMPLETED OPERATIONS LIABILITY APPLICATION

(If Space Is Insufficient For Answers, Please Use Separate Sheets.)

1. Named Insured: (Include all Companies, including Subsidiaries, to be covered.)

Federal Identification Number: _____

U.S. Mailing or Principal Address:

Street: _____ City: _____ County: _____

State: _____ Zip: _____

Tel: (____) _____ Fax: (____) _____

Email: _____ Web Page: WWW. _____

2. Are you a: Manufacturer ___ Wholesaler ___ Retailer ___
 Importer ___ Exporter ___ Other (specify) _____

3. Year business started? ____ / ____ / ____

4. Annual gross sales/turnover (Split between U.S. and non-U.S.):

a) Estimated (current year): \$ _____

b) Last 3 years: \$ _____ \$ _____ \$ _____

5. Products Description:

a) Give complete description of each product, including the end user.

b) Identify products acquired through acquisition or merger, those planned for introduction during the next 12 months, and those previously discontinued and date discontinued.

c) Identify the years involved with each product.

PRODUCT	YEARS INVOLVED	PRINCIPAL END USE	% OF GROSS SALES

Please attach: brochures, catalogues, labels, instruction manuals, annual reports, products safety surveys,

9. Required Insurance Coverage for Products Liability:

a) What limits of insurance do you desire:

- I) Each Occurrence (minimum \$1MM): \$ _____
- ii) Product & Completed Operations: \$ _____
- iii) Umbrella / Excess Liability \$ _____

Note: If a quotation for umbrella liability is desired, a separate application is required.

10. Please supply any additional information you feel important:

The applicant represents that the above statements and facts are true and that no material facts have been withheld or misrepresented. **NOTE: COMPLETION OF THIS FORM DOES NOT BIND COVERAGE.**

Signed: _____ Name: _____
 Title: _____ Date: ____ / ____ / ____

SUPPLEMENTAL QUESTIONS

PRODUCTS/COMPLETED OPERATIONS

Explain all "yes" responses (for any past or present product or operation).		Yes	No
1.	Does applicant install, service or demonstrate products?		
2.	Foreign products sold, distributed, used as components?		
3.	Research and development conducted or new products planned?		
4.	Guarantees, warranties, hold harmless agreements?		
5.	Products related to aircraft/space industry?		
6.	Products recalled, discontinued, changed?		
7.	Products of others sold or re-packaged under applicant label?		
8.	Products under label of others?		
9.	Vendors coverage required?		
10.	Does any named insured sell to other named insureds?		
11.	Do your subcontractors carry insurance coverage or limits less than yours?		
12.	Are subcontractors allowed to work without providing you with a certificate of insurance?		

GENERAL INFORMATION

	Explain all "yes" responses (for any past or present product or operation).	Yes	No
1.	Are you a subsidiary of another entity?		
2.	Do you have any subsidiaries?		
3.	Is a formal safety program in operation?		
4.	Any exposure to flammables, explosives, or chemicals?		
5.	Any catastrophe exposure?		
6.	Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?		
7.	Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?		
8.	During the last 5 years, have you been convicted of any degree of the crime of arson?		
9.	Any uncorrected fire code violations?		
10.	Any bankruptcies, tax or credit liens against you in the past 5 years?		
11.	Any medical facilities provided or medical professionals employed or contracted?		
12.	Any exposure to radioactive/nuclear materials?		
13.	Do/have past, present, or discontinued operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfill, wastes, fuel tanks, etc.)		
14.	Any operations sold, acquired or discontinued in last 5 years?		
15.	Machinery or equipment loaned or rented to others?		
16.	Any watercraft, docks, floats owned/rented?		
17.	Any parking facilities owned/rented?		
18.	Is a fee charged for parking?		
19.	Recreation facilities provided?		
20.	Is there a swimming pool on the premises?		
21.	Sporting or social events sponsored?		
22.	Any structural alterations contemplated?		
23.	Any demolition exposure contemplated?		
24.	Has applicant been active in or is currently active in joint ventures?		
25.	Do you lease employees to or from other employers?		
26.	Is there a labor interchange with any other business or subsidiaries?		
27.	Are day care facilities operated or controlled?		
28.	Have any crimes occurred or been attempted on your premises within the last 3 years?		
29.	Is there a formal, written safety and security policy in effect?		
30.	Does the business promotional literature make any representations about the safety or security of the premises?		

Please send completed form to:

**EUROPEAN-AMERICAN INCORPORATED
HEAD OFFICE
420 Boulevard, Suite 201, Mountain Lakes, NJ 07046, USA**

**(Tel): 973-299-0832
Email: insurance@EurAmUSA.com
(Fax): 973-316-0752**