



# 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 \_\_\_\_\_

Wood Products     Electronics/Instruments     Beverage Products     Paper Goods

Food Products     Metal Goods     Textile and Leather Goods     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



# MANUFACTURERS ERRORS AND OMISSIONS APPLICATION

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	%

Which industries did you or do you serve? \_\_\_\_\_



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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



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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 PENNSYLVANIA APPLICANTS:

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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OHIO APPLICANTS:

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

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 \_\_\_\_\_