

Property & Casualty

Manufacturers Errors & Omissions Application

NOTE: THIS IS A CLAIMS MADE COVERAGE OFFERING.

Applicant Instructions:

- Please answer all questions. Attach additional sheets if necessary.
- If question is not applicable, please state N/A

Please attach:

- All product literature and brochures
- Most recent Form 10K, annual report, or audited financial statement
- Other applicable information as specified

General Information

1. Name of Applicant (include all DBA's and subsidiaries):

2.	Location:	City	State	Zip		
3.	Mailing Address:	City	State	Zip		
4.	Web Site Address:					
5.	Contact Name:	Phone Number:				
6.	Applicant is: O Individual O Partnership O Corporation O C	Dther (explain)				
7.	Years in Business:					
8.	During the past 5 years, has the name of the Applica If Yes, please explain:	Ŭ,			() Yes	() No
9.	Has the Applicant been involved in any merger, acquing the set of				() Yes	() No

Products

1. Describe all current and past products. Please include life expectancy of each product. If any products are component parts of other company's products, provide details:

2.	Are there any anticipated new products? If Yes, please describe:	() Yes	() No
3.	Are there any discontinued products? If Yes, please describe:	⊖ Yes	() No

4. How are the Applicant's products identifiable over time as products manufactured by the Applicant?

5. List any customer that individually represents 10% or more of Applicant's total sales?

Name of Customer	Sales

6. Describe the expected "loss of use" to property of others that could be caused by "your manufactured product"?

"loss of	use" me	eans loss	of use	of tangibl	le property	that is not	physical	ly injure	:d.					
"Your n	nanufact	ured pro	oduct"	means an	y tangible g	goods or p	roducts,	other th	nan real p	oroperty,	manufactı	ured by yo	ou and inc	cludes:

- a. warranties or representations with respect to the fitness, quality, durability, performance or use of "your manufactured product" which have been subject to engineering review, and
- b. the providing of or failure to provide warnings or instructions

Engineering

1.	Does the Applicant perform design work?	() Yes	() No
	If Yes, please attach resumes of design staff and description of design procedures including techniques used (FMEA, FTA	., etc.) :

2.	Are design changes documented and approved?	() Yes	() No
	If Yes, are they submitted to customer for approval?	⊖ Yes	() No
3.	Does the Applicant ever contract with an outside design firm?	⊖ Yes	() No

If Yes, please attach copies of contracts.

Quality Control

1. Does the Applicant have a written Quality Assurance program in place?) Yes	() No
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2.	Does Applicant have ISO 9000 certification or something similar? If Yes, please describe the certifications and the re-certification schedule:	() Yes	() No
3.	Does the Applicant have written customer complaint and dispute handling procedures?	⊖ Yes	() No
4.	Is there a time standard for resolving customer complaints and disputes?	⊖ Yes	() No
5.	Who is responsible for resolving customer complaints and disputes?		
6.	Are claims and complaints and regularly analyzed and data used to improve products?	() Yes	() No
7.	Does the Applicant have a written product recall program in place?	⊖ Yes	() No
	If Yes, does it address discontinued products?	⊖ Yes	() No
8.	Have any of the Applicant's products been recalled in the last ten years? If Yes, please describe the products and the reason for the recall:	() Yes	() No
9.	Does the Applicant have a procedure for the development of warnings and instructions? If Yes, please describe (include persons responsible, testing processes, and standards followed):	() Yes	() No

Marketing/Contracts

1.	Does the Applicant have a procedure to ensure that all advertising and marketing materials are consistent with product characteristics?	⊖ Yes	() No
	a. If Yes, please describe:		
	b. Does the Applicant's legal counsel review all such material prior to release:	⊖ Yes	() No
2.	Does the Applicant have written contracts or agreements with all customers and suppliers?	⊖ Yes	() No
	If No, how often are contracts or written agreements not used and explain why they are not used in these circumstan	ces:	

3.	Do	the Applicant's contracts, agreements, or purchase orders contain:					
	a.	Hold harmless or indemnification clauses in favor of the Applicant?	⊖ Yes	() No			
	b.	Hold harmless or indemnification clauses in favor of Applicant's clients?	() Yes	() No			
	C.	Hold harmless or indemnification clauses with mutual benefits?	⊖ Yes	⊖ No			
	d.	Terms or conditions limiting Applicant's liability?	⊖ Yes	ΟNο			
	e.	Warranties or guarantees?	⊖ Yes	() No			
	f.	Does an attorney review all contracts, agreements, and purchase orders prior to use?	⊖ Yes	ΟNο			
	Attach copies of standard contract, agreement, purchase order (all that apply).						

Suppliers

Do	Does the Applicant have a process for the selection of suppliers? If Yes:							
	a. Are audits performed on suppliers' quality assurance programs?b. Is supplier qualification and performance documented?	○Yes ○No ○Yes ○No						
Ins	nstallation/Subcontractors							
1.	Is there any installation of Applicant's products? If Yes, please indicate % of annual sales from installation:	○ Yes ○ No						
	Does the Applicant use subcontractors to fulfill any contracts? If Yes: a. Describe services performed:	⊖Yes ⊖No						

	b.	Is there a process for the selection of subcontractors?	⊖ Yes	() No
		Is a written contract or agreement with hold harmless or indemnification clauses in favor of the Applicant required?	⊖ Yes	() No
		Does Applicant obtain certificates of insurance and require additional insured status on sub-contractors' insurance policies	⊖ Yes	() No
	e.	Does an attorney review all contracts or agreements prior to use?	⊖ Yes	() No
	f.	Are subcontractors required to carry manufacturers errors or omissions insurance?	() Yes	() No
	g.	Is subcontractor qualification and performance documented?	⊖ Yes	() No
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Coverage Requested

1.	Limit Of Liability: \$	Each Claim: \$	Aggregate
2.	Deductible (each claim):		
	Note : a 5% participation applies in excess of the deductible		

3. Gross Annual Sales: \$ _____

Applicant's Claim and Coverage History

1. Prior Error And Omissions Liability Insurance for the Applicant:

	Insurer	Limit	SIR/ Deductible	Premium	Claims Made/ Occurrence	Policy Period	Retro Date (if any)
Current Year							
Previous Year 1							
Previous Year 2							
Previous Year 3							
Previous Year 4							

2.	Is any extended reporting period currently in effect for the Applicant or any Subsidiary? If Yes, please attach a copy of the endorsement including the effective and expiration dates.					() Yes	() No	
3.	B. During the past 5 years, has any similar E&O coverage been cancelled, declined, or non renewed for Applicant or any Subsidiary?					nt or	() Yes	() No
4.						() Yes	() No	
5.	5. After inquiry, does the Applicant or Subsidiaries have knowledge or information of any circumstance or any allegation of contentions of any incident which may result in any claim being made against the Applicant or Subsidiaries? (If Yes to 4 or 5 above, please provide the following information for each claim or incident:					~	() No	
	Date of Incident:	Date that Claim was Presented:	Details of Claim or Incident:	Covered by Insurance?	lf Claim is Still Open:	Still If Claim is Close		osed:
				⊖Yes ⊖No	Amount Reserved: \$	Атоі \$	ınt Paid:	
				If yes, name of insurance carrier:	Amount Paid: \$	Loss// Exper \$	Adjustme nses:	ent
					Loss/Adjustment			

Expenses:

Attach additional sheets if necessary.

Applicant hereby declares, after diligent inquiry, that the information contained herein and in any supplemental applications or forms required hereby, are true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the CNA Company to whom this application is made (the "Company") as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

- a. Completion of this application and any supplemental applications or forms does not bind the Company to issue the policy.
- b. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications and any other statements furnished to the Company in conjunction with this application.
- c. All supplemental applications, statements and other materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.
- d. If a policy is issued, the limit of liability contained in the policy shall be reduced and may be completely exhausted, by the payment of damages and claims expenses. In such an event the company shall not be liable for damages or claims expenses to the extent that such cost or amount exceeds the limits of liability of this policy.
- e. If a policy is issued claims, expenses incurred shall be applied against the deductible or retention amount as provided in the policy.
- f. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.

Duly authorized partner, officer or director of the Applicant must sign application.

Print name of Authorized Representative:						
Signature of Authorized Representative:						
Title of Authorized Representative:						
Date:	Month:	Day	Year			

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