

PRODUCT LIABILITY SUPPLEMENTAL APPLICATION

Use in Conjunction with an ACORD Application

I. OPERATIONS

Type of Product: _____ Manufactured Assembled Distribute
 Type of Product: _____ Manufactured Assembled Distribute
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Racing Product is intended for: Road Racing Drag Racing Karting
 Oval (Stock Car) Motocross Rally/Desert Off-Road Oval (Open Wheel)
 Other (please explain): _____

Has the applicant ever had any form of insurance cancelled or declined?..... YES NO
 (not applicable in Missouri)

Have any of your products been subject to a recall? YES NO

Have any of your products been discontinued? YES NO

Do you manufacture products for any other industry besides automotive?..... YES NO

Explain your quality control procedures: _____

Person responsible for quality control: _____

Gross sales: _____ Percentage from racing: _____ Percentage for public: _____

Product(s) installed: _____

Are any products installed that are manufactured by other companies?..... YES NO

Are any waivers or "hold harmless" agreements signed when performing installation?..... YES NO

Do any companies provide installation on your behalf? YES NO

Is there insurance coverage documentation for those companies? (please provide with this application)..... YES NO

II. MANAGEMENT

Owner Name(s): _____ Years Owning this business: _____

Other Businesses Owned: _____ Years: _____

III. COVERAGE REQUESTED

Liability Limit: _____ Excess Liability Limit: _____

Will others be added as Additional Insureds? _____ YES NO

| Additional Insured Name | Address | Interest |
|-------------------------|---------|----------|
| | | |
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IV. INSURANCE COVERAGE HISTORY

Is the expiring policy a "Claims Made" policy?..... YES NO

If yes, is there an Extended Reporting Period? YES NO

What is the expiration date of the Extended Reporting Period? _____

Do you desire coverage for prior acts?..... YES NO

Have you ever been involved in a Product Liability suit or claim? YES NO

If yes, please provide the following for the previous 3 years: _____

| YEAR | COMPANY | LIABILITY LIMITS | PREMIUM | LOSSES | DESCRIBE LOSSES |
|------|---------|------------------|---------|--------|-----------------|
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PLEASE SUBMIT A COPY OF PREVIOUS/PRESENT POLICY(IES)

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)