



**James River Insurance Company
and its Subsidiaries**
6641 West Broad Street, Suite 300
Richmond, VA 23230

**Discontinued Products Supplemental
Application**

**MANUFACTURERS & CONTRACTORS
Division**
Email to MC@jamesriverins.com

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

SECTION I – GENERAL INFORMATION

Applicant name:

Address:

City:

State:

Zip:

Phone:

Ext:

Website:

Years in business under current management:

Date established:

Description of operations:

Coverage is being applied for due to *(check all that apply)*:

- Merger
 Acquisition
 Business shutdown
 Single product discontinuance
 Sale
 Other:

SECTION II – PRODUCTS INFORMATION

1. Please provide the following information for those products applicant desires coverage for. *Only those products listed below will be considered for coverage.*

Product description	Applicant is a/an M W R I MR	Years in market	Average % of gross receipt	Avg product life cycle (in years)	Products sold to W R C O	# of units in market
			%			
			%			
			%			
			%			

M = Manufacturer W = Wholesaler R = Retailer I = Importer MR = Manufacturer Rep C = Consumer O = Other *(describe below)*

Other:

2. If discontinuing a single product/product line, please provide the following information:

Product description <i>(include brand/trade name)</i>	Reason*					
	OB	B	U	M	D	O

* OB = Obsolescence B = Business shutdown U = Unprofitable M = Model replacement D = Defective O = Other *(describe below)*

Other:

3. Has applicant ever recalled or withdrawn products from the market? Yes No
If "Yes", please explain:

4. Does applicant maintain quality control procedures? Yes No

5. Are complete records of the following maintained:
- a. When and where product was manufactured? Yes No
 - b. To whom product was sold and the date of sale? Yes No
 - c. Who supplied the parts and/or supplies going into the product? Yes No
 - d. Changes in designs? Yes No
 - e. Changes in advertising material? Yes No
 - f. How long are records kept?

SECTION III – SALES HISTORY

1. Please complete for products listed in Section II above:

Year	Sales – domestic	Sales – foreign	Sales total
Last year			
2 nd year prior			
3 rd year prior			
4 th year prior			
5 th year prior			
6 th year prior			
7 th year prior			
8 th year prior			
9 th year prior			
10 th year prior			

SECTION IV – PRIOR INSURANCE HISTORY

1. Current carrier:
2. Limits: _____ Deductible: _____
3. Term: _____ to _____
4. Is coverage currently in force? Yes No
5. Coverage form: Occurrence Claims made
6. Retro date: _____
7. Has any carrier cancelled or refused to renew products liability or a portion thereof? Yes No
If “Yes”, explain: _____

SECTION V – PRODUCTS LIABILITY LOSS / CLAIM HISTORY

1. Have there been any losses, claims, legal actions, or suits brought against applicant in the last five (5) years? Yes No
2. Do any of the proposed named insureds have knowledge of any pre-existing act, omission, event, condition, or damages to any person or property that may potentially give rise to any future claims or legal action against any proposed named insured? Yes No
3. Is applicant aware of any complaint or notice filed in the last three (3) years with any governmental agency or industry regulatory body, including but not limited to the US Consumer Product Safety Commission, concerning applicant’s product? Yes No
4. Is applicant aware of any study, analysis or trial conducted or being conducted by or on behalf of any governmental agency or industry regulatory body to examine the safety of applicant’s product? Yes No

SECTION VI – SIGNATURE, CONSENT AND AGREEMENT

This Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. *(Not applicable in North Carolina)*
I hereby request that my application for insurance coverage be submitted for consideration to the company shown in this application. Accordingly, I

authorize and direct any person or organization whatsoever to release and furnish to that company any and all information requested which may relate to my insurability.

I hereby indicate that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my protection.

I hereby consent to the review by the company shown in this application of any incidents or occurrences likely to result in malpractice allegation or claim. I agree to cooperate in the review of claims and incidents which apply to the coverage requested.

Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association / society. I agree to cooperate with these committees.

NOTICE TO APPLICANT

The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

I have read the statements above, understand their meaning and agree.

Applicant's signature:

Date:

Applicant's name:

Applicant's title: