



# Yancy Insurance & Financial Services

AGENT: Yancy Insurance & Financial Services  
2019 E Lamar Blvd, Suite 100  
Arlington, TX 76006  
817-277-6100 Phone  
817-261-7514 Fax

## General Liability Application

Applicant's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

PROPOSED EFFECTIVE DATE:  
From \_\_\_\_\_ To \_\_\_\_\_  
12:01 A.M. Standard Time at the address of the Applicant  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Fire Damage (any one fire)	\$
Medical Expense (any one person)	\$ Excluded
Other Coverages, Restrictions, and/or Endorsements	
	Deductible \$

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

### APPLICANT / PREMISES / OPERATIONS INFORMATION

1. Describe all business operations conducted by applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Premises information (attach schedule if necessary):

Loc. No.	Street, City, County, State, Zip Code	Interest	Part Occupied

3. Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other (Specify) \_\_\_\_\_

4. **Inspection/Audit:**

Inspection (contact and phone): \_\_\_\_\_

Accounting Records (contact and phone): \_\_\_\_\_

5. **Management:**

Number of years in operation: \_\_\_\_\_ If new operation, number of years related experience: \_\_\_\_\_



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GENERAL INFORMATION (Explain all "yes" responses.)					
	Yes	No		Yes	No
1. Exposure to flammables, explosives, chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	9. Machinery/equipment loaned/rented to others?	<input type="checkbox"/>	<input type="checkbox"/>
2. Exposure to asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	10. Swimming pool on premises?	<input type="checkbox"/>	<input type="checkbox"/>
3. Exposure to radioactive materials?	<input type="checkbox"/>	<input type="checkbox"/>	11. Any parking facilities owned/rented?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material (e.g., landfills, wastes, fuel tanks, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	12. Fee charged for parking?	<input type="checkbox"/>	<input type="checkbox"/>
5. Sporting/social events sponsored?	<input type="checkbox"/>	<input type="checkbox"/>	13. Does insured subcontract work?	<input type="checkbox"/>	<input type="checkbox"/>
6. Any watercraft, docs, floats owned, hired, or leased?	<input type="checkbox"/>	<input type="checkbox"/>	14. Certificates of Insurance required from all subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
7. Any operations sold, acquired, or discontinued in last five years?	<input type="checkbox"/>	<input type="checkbox"/>	15. Any demolition exposure contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is applicant a subsidiary of another entity or does applicant have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>	16. Any structural alterations contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
			17. Recreational facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>
			18. Any policy or coverage declined, cancelled or nonrenewed during last three years?	<input type="checkbox"/>	<input type="checkbox"/>

PRIOR CARRIER INFORMATION					
	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy No.					
Total Premium					

LOSS HISTORY – FIVE YEAR PERIOD			
Date of Loss	Description of Loss	Amount Paid	Amount Reserved Claim Status (Open or Closed)



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Loc. No.	Classification	Class. Code	Premium Bases (a) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr

<b>TRANSITION</b>
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1. Has this risk or any location not qualified for transition?  Yes  No
2. If this risk qualifies for transition, indicate year it first qualified \_\_\_\_\_

Loc. No.	New Class. Code	Previous Basis	Previous Exposure	Applicable Coverage (Premises or Products)

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



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## Product Liability Supplemental Questionnaire

**Preparation Instructions:**

1. Answer all questions. If the answer to any question is None, please state "None"
2. Application must be signed and dated by Owner, Partner or Officer.
3. Brochures, copies of guarantees, warranties and hold harmless agreements furnished by the named insureds should accompany the application.
4. The latest 10K and 10Q, or if a privately held business, latest audited financial statement and latest quarter income report should be furnished.

**1. Applicant Information**

- A) Name (First Named Insured and other Named Insureds) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- B) List all Applicants' web sites: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. Description of Operations**

\_\_\_\_\_  
 \_\_\_\_\_

**3. Specified Products and Completed Operations**

A) Only those products and services specified below will be considered for coverage. Refer to key below

Products (Specific Category)	Applicant Acts as a / an					No. of Years	% Gross Sales	Does Applicant Install	Repair Service	Products Sold To				
	M	W	R	I	MR					W	R	MC	C	O

M = Manufacturer      R = Retailer      MR = Manufacturer's Rep      Other (Specify)  
 W = Wholesaler      I = Importer      C = Consumer-Direct

- B) Have you discontinued or are you considering discontinuing any product to be covered by this insurance? YES  NO   
 If Yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_
- C) Are any new products planned for sale during the next 12 months? YES  NO
- D) Do you import component parts? YES  NO
- E) Do you export products or have foreign operations? YES  NO
- F) Do you know that any of your products or services is used in connection with aircraft/missiles/aerospace? YES  NO
- G) Are any of your products or services subject to registration/regulation/review by any governmental agency? YES  NO   
 If so, which agency? \_\_\_\_\_

PLEASE EXPLAIN ANY "YES" ANSWERS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**4) SALES HISTORY**

A) Total sales or receipts for all products and services  
 Past 12 Months \$ \_\_\_\_\_ 1<sup>st</sup> Prior Year \$ \_\_\_\_\_ 2<sup>nd</sup> Prior Year \$ \_\_\_\_\_  
 Describe any significant change in product sales mix between any prior year and next year's projection:

\_\_\_\_\_

\_\_\_\_\_

B) Do you wish to provide your customers with vendors coverage YES  NO   
 If Yes, name of vendor and your annual sales through that vendor: \_\_\_\_\_  
 Your product: \_\_\_\_\_

**5) OPERATIONS, ADDITIONAL LIABILITIES & UNIQUE CHARACTERISTICS**

A) Do others manufacture, assemble, package or install products under your name or label? YES  NO   
 B) Do you manufacture, assemble, package or install products for others under their name or label? YES  NO   
 Please explain any "Yes" answers: \_\_\_\_\_  
 C) Have you sold any business in which you retained liabilities? YES  NO   
 If so, please furnish details including lists of products manufactured, assembled, packaged or installed by you prior to the date sold: \_\_\_\_\_  
 D) Can you identify your product from those of competitors? YES  NO   
 How? \_\_\_\_\_

PLEASE EXPLAIN ANY "NO" ANSWERS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6) CLAIMS HISTORY – FIVE YEARS OR MORE (LOSS RUNS MUST BE FURNISHED)**

A) Total Aggregates Losses, Including Defense Costs:

Policy Period	No. of Claims	Total Amounts Paid		Amounts in Reserve		Valuation Date
		Indemnity	Expense	Indemnity	Expense	

B) Describe individual losses, valued \$25,000 or more, including defense costs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C) Are you aware of any other occurrences, incidents, conditions, defects or suspected defects, which may result in claims against you? Yes  No   
 If Yes, give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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## 7) DESIGN, QUALITY CONTROL, RECORDKEEPING, WARNINGS & CLAIM DEFENSE

	YES	NO
A) Who designs your products? _____	<input type="checkbox"/>	<input type="checkbox"/>
B) Do you require certificates evidencing design or Architects and Engineers Errors & Omissions Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
C) Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards?	<input type="checkbox"/>	<input type="checkbox"/>
D) What government/industry standards must your products meet (i.e. OSHA, UL, ANSI, ASME)? Identify Top 3 Standards (incl. standard numbers) 1) _____ 2) _____ 3) _____	<input type="checkbox"/>	<input type="checkbox"/>
E) Are designs reviewed, tested and verified by others outside the company?	<input type="checkbox"/>	<input type="checkbox"/>
F) Do you have a Quality Control Program?	<input type="checkbox"/>	<input type="checkbox"/>
G) If you have a Quality Control Program, is it written?	<input type="checkbox"/>	<input type="checkbox"/>
H) Which of the following elements does your Quality Control Program include?		
1) Written specifications/requirements for suppliers of raw materials and/or components?	<input type="checkbox"/>	<input type="checkbox"/>
2) Tests of materials and components received from suppliers to determine conformance?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are products tested at various stages to verify conformance with written standards?	<input type="checkbox"/>	<input type="checkbox"/>
4) Are finished products tested to verify they meet performance requirements?	<input type="checkbox"/>	<input type="checkbox"/>
5) Do you retain your records of test results?	<input type="checkbox"/>	<input type="checkbox"/>
6) How long do you retain your records? _____	<input type="checkbox"/>	<input type="checkbox"/>
F) Do your records indicate when each product was manufactured?	<input type="checkbox"/>	<input type="checkbox"/>
G) Do your records show to whom and the date each product was sold?	<input type="checkbox"/>	<input type="checkbox"/>
H) Do your records show who supplied the component parts going into your products?	<input type="checkbox"/>	<input type="checkbox"/>
I) Do you require certificates from your suppliers evidencing products liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
J) Are you ISO 9000 (9001, 9002, 9004) and/or QS9000 registered? If yes, who is the registrar (i.e. TUV)? _____	<input type="checkbox"/>	<input type="checkbox"/>
K) Do you ever draw plans, designs or specifications for any products for others? If Yes, do you carry design or Architects and Engineers Error & Omissions Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
L) Does legal counsel periodically review all instructions, operating manuals, advertisements and warranties to avoid misunderstandings relative to product safety or intended use? How often? _____	<input type="checkbox"/>	<input type="checkbox"/>
M) Do you maintain records of changes in designs, advertisements and sales brochures?	<input type="checkbox"/>	<input type="checkbox"/>
N) Do you have a specific program to withdraw known or suspected defective products from the market?	<input type="checkbox"/>	<input type="checkbox"/>
O) Have you ever recalled (either voluntarily or involuntarily) or are you considering recalling any known or suspected defective products from the market? If Yes, please furnish details: _____	<input type="checkbox"/>	<input type="checkbox"/>
P) Do you furnish any guarantees, warranties, or hold harmless agreements? If Yes, please furnish details: _____	<input type="checkbox"/>	<input type="checkbox"/>
Q) List your memberships in any industry product-standard organizations: 1) _____ 2) _____ 3) _____ 4) _____		

**NOTICE TO KENTUCKY, NEW YORK AND OHIO 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 act, which is a crime and in New York punishable by a fine of up to \$5,000.

\_\_\_\_\_  
Applicant's Signature & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature & Title

\_\_\_\_\_  
Date