

(847) 572-6000 Fax (847) 572-6137 **Underwriting Manager** A Markel Company

- DEERFIELD INSURANCE COMPANY
- EVANSTON INSURANCE COMPANY
- MARKEL AMERICAN INSURANCE COMPANY
- MARKEL INSURANCE COMPANY

APPLICATION FOR SPECIFIED PRODUCTS AND COMPLETED OPERATIONS LIABILITY INSURANCE (CLAIMS MADE BASIS)

APPLICANT'S 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. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.

(PLEASE TYPE OR PRINT IN INK)

1.	AP	PLICANT														
	a. Full name of all entities past and/or pres							o be Nam	ned Insureds:							
	b. Principal business premise address:						Street)		(County)							
					(-	(,										
	(City)			(;	State)		(Zip)									
	c.	Phone:					d. [] Corporation [] Proprietorship [] LLC [] Other (her (c	(check one)				
	e.	Years in business	unde	er the	pres	ent n	ame: _									
	f.	Audit contact nam	ne:							Phon	e:					
2.	РО	LICY														
INSURANCE PRESENT						-										
		REQUESTED						I	INSURANCE							
a.		Limits of Insurance:		\$		_ Each	_ Each Occurrence		\$ Each () Occurrence					
				\$			_ Aggı	egate	\$		Aggregate	Э				
	b.	Deductible/S.I.R.:		\$			_		\$		_					
	c.	Retroactive date:					_									
	d.	Present Insurer:														
	e. Has any insurer ever canceled, restricted or refused to renew your products liability insurance? [] Yes [] No (If ye please attach explanation.)									(If yes						
3.	SP	ECIFIED PRODUCTS	S ANI	ОСО	MPLE	TED	OPE	RATIONS								
a. Only those products and services specified below will be considered for coverage:																
	Dro	Applicant Acts as a				a/an				applicant	F	Produ	icts so	ld to	:	
		ducts and Services specific categories)	М	W	R	I	MR	No. of years	% of gross sales	Install?	Repair or service?	W	R	MR	С	0
								-								

M - manufacturer W - wholesaler R - retailer I - importer MR - manufacturers rep. C - consumer - direct O - other (describe)

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	b.	 b. Have you discontinued or are you considering discontinuing any product to be covered by this insurance? [] Yes (If yes, please attach explanation.) c. Are any of your products or services known to be used in connection with aircraft/missiles/aerospace? [] Yes (If yes, please attach explanation.) 											
	C.												
4.	SA	SALES AND MARKETING											
	a.	Total sales or receipts for all products and services	Next years projection \$	Past 12 months \$									
			1 st prior year \$	2 nd prior year \$									
		Describe any significant change in product sales mix	between any prior year and no	ext year's projection:									
	b.	Do you wish to include your customers as additional	insureds with Vendors coveraç	ge? [] Yes [] No									
5.	PR	OCESSING AND QUALITY CONTROL											
	a.	PROCESSING											
		 Do others manufacture, assemble, package or install products under your name or label? [] Yes [] No (If yes, please attach explanation.) 											
	 Do you manufacture, assemble, package or install products for others under their name or label? (If yes, please attach explanation.) 												
		Do you have a quality control and testing procedure? [] Yes [] No											
		How long are quality control and testing records kept?											
	3. Can you identify your product from those of competitors? [] Yes [] No4. Do your records show to whom and the date each product was sold? [] Yes [] No												
		5. Do you require certificates evidencing Products I	Liability insurance from supplied	oility insurance from suppliers? [] Yes [] No									
6.	LO	OSS PREVENTION, LOSS CONTROL, CLAIM DEFEN	ISE										
	a.	a. Who designs your products?											
	b.	b. Are designs reviewed, tested and verified by others? [] Yes [] No											
	C.	Do you maintain records of changes in designs, a long? years	dvertisements and sales broc	hures? [] Yes [] No If yes, how									
	d.	Are all instructions, operating manuals, advertisement misunderstandings relative to product safety or intended		reviewed by Legal Counsel to avoid									
	e.	e. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and in standards? [] Yes [] No											
	f.	Do you have a specific program to withdraw known o	or suspected defective products	from the market? [] Yes [] No									
	g.	Have you ever recalled or are you considering reca [] Yes [] No (If yes, please attach explanation.)	lling any known or suspected	defective products from the market?									

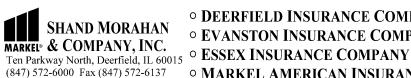
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7.	CLAIM HIS	STORY - 5 years in	cluding any p	redecesso	or compan	ies - insured	or uninsured	Check if none []		
a. Total losses, including any deductible and/or defense. Please attach description of any losses or								er \$10,000.		
		TOTAL AMOUNTS PAID				OUNTS IN SERVE		Date of Loss		
	Year(s)	No. of Claims	BI	PD	BI	PD	Total Incurred	Information		
	` '									
	b. Are you aware of any other incidents, conditions, circumstances, defects, or suspected defects which may result in claims against you? [] Yes [] No (If yes, please attach explanation.)									
"C	NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended period option is exercised in accordance with the terms of the policy.									
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact thereto commits a fraudulent insurance act, which is subject to criminal and civil penalties.										
WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., Ten Parkway North, Deerfield, Illinois 60015 .										
N	ame of Appl	icant				tle (Officer, pa	rtner, etc.)			
Si	gnature of A	Applicant			. <u>-</u> D	Date				
		application does not pplication will be atta				e Underwriting	Manager to complete	the insurance, but one		

(ATTACH BROCHURES, CATALOGS, LABELS, INSTRUCTIONS, SERVICE AGREEMENTS, FINANCIAL DATA)

Check if none []

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Underwriting Manager A Markel Company

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DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE AND ELECTION FORM

RE:		
Risk	ID.	No.:

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 (the "Act"), effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act ("Terrorism Coverage"): The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that Terrorism Coverage required to be offered by the Act for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this Terrorism Coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

PLEASE ENTER "X" IN ONE OF THE BOXES BELOW AND SIGN AND DATE WHERE INDICATED BELOW.

Florida, Georgia and Oklahoma Applicants: Please be advised that in the event a policy is purchased, the policy premium will include a 1% surcharge for Terrorism Coverage unless you elect to decline Terrorism Coverage. You

need to enter	r an "X" below if you wish to decline Terro	rism Coverage.						
	I hereby elect to purchase the Terrorism Coverage required to be offered under the Actual understand that my policy premium will include a 3% surcharge for this coverage.							
	•	rage required to be offered under the Act. I understand that e Terrorism Coverage required to be offered under the Act.						
Name of App	licant	Title (Officer, partner, etc.)						
Signature of	Applicant	Date						

SIGNING this Disclosure Notice does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance.