



Property & Casualty

# Manufacturers Errors & Omissions Application

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**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:

Individual  Partnership  Corporation  Other (explain) \_\_\_\_\_

7. Years in Business: \_\_\_\_\_

8. During the past 5 years, has the name of the Applicant been changed?  Yes  No

If Yes, please explain: \_\_\_\_\_

9. Has the Applicant been involved in any merger, acquisition or consolidation?  Yes  No

If Yes, please explain: \_\_\_\_\_

**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:

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2. Are there any anticipated new products?  Yes  No  
 If Yes, please describe: \_\_\_\_\_

3. Are there any discontinued products?  Yes  No  
 If Yes, please describe: \_\_\_\_\_

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

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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"?

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**"loss of use"** means loss of use of tangible property that is not physically injured.

**"Your manufactured product"** means any tangible goods or products, other than real property, manufactured by you and includes:

- 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

2. Does Applicant have ISO 9000 certification or something similar?  Yes  No  
If Yes, please describe the certifications and the re-certification schedule: \_\_\_\_\_
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?  Yes  No  
If Yes, please describe the products and the reason for the recall:  
\_\_\_\_\_
9. Does the Applicant have a procedure for the development of warnings and instructions?  Yes  No  
If Yes, please describe (include persons responsible, testing processes, and standards followed):  
\_\_\_\_\_

### 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 circumstances:  
\_\_\_\_\_
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  No
  - e. Warranties or guarantees?  Yes  No
  - f. Does an attorney review all contracts, agreements, and purchase orders prior to use?  Yes  No

**Attach copies of standard contract, agreement, purchase order (all that apply).**



2. Is any extended reporting period currently in effect for the Applicant or any Subsidiary?  Yes  No  
 If Yes, please attach a copy of the endorsement including the effective and expiration dates.
3. During the past 5 years, has any similar E&O coverage been cancelled, declined, or non renewed for Applicant or any Subsidiary?  Yes  No
4. After inquiry, have any errors and omissions claims been made during the past 7 years against the Applicant or Subsidiaries?  Yes  No
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?  Yes  No  
 If Yes to 4 or 5 above, please provide the following information for each claim or incident:

Date of Incident:	Date that Claim was Presented:	Details of Claim or Incident:	Covered by Insurance?	If Claim is Still Open:	If Claim is Closed:
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	Amount Reserved: \$ _____	Amount Paid: \$ _____
			If yes, name of insurance carrier:	Amount Paid: \$ _____	Loss/Adjustment Expenses: \$ _____
				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 \_\_\_\_\_

