

# PRODUCTS LIABILITY

## Eligible Operations

(Including but not limited to):

- Auto, motorcycle, truck parts
- Baby products
- Boats & marine equipment
- Camping equipment
- Collector car kits, street rods, kit cars
- Custom motorcycle manufacturers
- Distributors
- Exercise equipment
- Furniture
- Gymnastic & martial art equipment
- Industrial products
- Importers
- Manufacturers
- Medical equipment
- New Ventures
- Nutraceuticals
- Racing equipment and parts
- Ski equipment, snow boards, skateboards
- Sports equipment
- Trailers & recreational vehicles
- Vitamins & Supplements

## Ineligible for this program:

(Including but not limited to):

- Aviation
- Latex gloves
- Tobacco products

## Qualifying Factors include:

- Vendor status/certificates of insurance
- U.S.-based operations
- Experience evaluation

K&K's Product Liability Insurance Program is designed for the motorsports, sports, leisure, and entertainment industries with an emphasis on automobile, motorcycle, sports equipment, boat, trailer, and amusement ride manufacturers. The program includes most sports and entertainment support industries for hard-to-place product liability classes.

## Coverages Available & Program Highlights:

### Products Liability Features

- Vendors as Additional Insureds
- Worldwide coverage
- Occurrence or Claims Made policy forms
- Deductible and SIR Options Available

General Liability (including products coverage)

Umbrella/Excess Liability

## K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing K&K's Products Liability clients
- Excellent relationships with several leading insurance carriers
- Active participation in product trade associations such as The International Boat Builders Exhibition & Conference (IBEX), International Health, Racquet & Sportclub Association (IHRSA), Specialty Equipment Market Association (SEMA) and International Association of Amusement Parks and Attractions (IAAPA)
- 24-hour emergency claims phone service
- Insurance carriers rated "A" or higher by A.M. Best
- Premium financing available
- Assistance with surplus lines tax filings

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**Contact Information:**

P.O. Box 2338 Fort Wayne, IN 46801-2338

**Products Liability Program**

PHONE: 800.927.4756

FAX: 847.953.2901

EMAIL:

KK.General@kandkinsurance.com

WEB SITE:

kandkinsurance.com

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

All descriptions, summaries or highlights of coverage are for general informational purposes only and do not amend, alter or modify the actual terms or conditions of any insurance policy. Coverage is governed only by the terms and conditions of the relevant policy.

**Submission Instructions:**

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To request an insurance quotation through this program, please complete the appropriate PDF application (available at [www.kandkinsurance.com](http://www.kandkinsurance.com)) and submit as directed in the application. Coverage is subject to underwriting, may not be available to all applicants in all states, and may vary by state. It is important to carefully review the terms and conditions of any insurance quotation. Please contact a K&K representative if you have any questions.

**Preliminary Underwriting Information Required:**

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- K&K Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of current valued loss runs or equivalent
- Website address, brochure or narrative describing products and operations

**Products Liability Application(s):**

(Applications can be obtained from our web site: [kandkinsurance.com](http://kandkinsurance.com))

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**K&K Application(s)**

- Application for Product Liability Insurance

**ACORD Application(s)**

- Commercial Information
- General Liability
- Umbrella/Excess

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### 3. Products and Completed Operations

A. Describe your products and services. Show the number of years involved with each product. Indicate which products you distribute, install, service or repair: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. Products acquired via acquisition or merger: \_\_\_\_\_  
 Did you assume liability for these products?  Yes  No  
 If yes, please explain: \_\_\_\_\_

C. Do you retain liability for products or divisions that you no longer control?  Yes  No  
 If yes, please explain: \_\_\_\_\_

D. Do you plan the introduction of any new products?  Yes  No  
 If yes, please explain: \_\_\_\_\_

E. Have you discontinued any products?  Yes  No  
 If yes, please explain and include the date(s) discontinued: \_\_\_\_\_  
 \_\_\_\_\_

F. Sales History	Sales	Units Sold	Principal product(s) and/or service(s)	Percent of total sales
Estimated (next 12 months):	\$ _____	_____	_____	_____
Past 12 months:	\$ _____	_____	_____	_____
1st previous year:	\$ _____	_____	_____	_____
2nd previous year	\$ _____	_____	_____	_____
3rd previous year	\$ _____	_____	_____	_____
4th previous year	\$ _____	_____	_____	_____

Replacement parts are what percentage of total sales? \_\_\_\_\_%

G. Has there been a significant change in product mix?  Yes  No

H. Do you import products or component parts?  Yes  No

I. Do you export products or have foreign operations?  Yes  No

J. Could any of your products or services be used on or in connection with:  
 Pharmaceuticals/cosmetics/vitamins/herbs?  Yes  No  
 Aircraft/missile/aerospace?  Yes  No  
 Watercraft or offshore?  Yes  No  
 Transportation/pollution/waste treatment?  Yes  No

K. Do you make or handle any product that is explosive, flammable or poisonous, either by itself or in combination with other materials?  Yes  No

L. Are any of your products sold under another company's name or label?  Yes  No

M. Do you purchase materials or components for others?  Yes  No

N. Do you assemble your products?  Yes  No

O. If your product is assembled by others, do you supervise?  Yes  No

P. Do you install your product?  Yes  No

Q. Have you ever manufactured or distributed asbestos-containing products?  Yes  No

R. If your product is installed by others, do you supervise or furnish instructions as to installation?  Yes  No

If yes, please attach a copy.

S. Percent of total sales to: Wholesalers \_\_\_\_\_ %      Retailers \_\_\_\_\_ %      Consumers \_\_\_\_\_ %  
 East \_\_\_\_\_ %      Midwest \_\_\_\_\_ %      West \_\_\_\_\_ %

T. Suppliers and distributors:

Do you hold them harmless or insure them?  Yes  No

Do they hold you harmless or insure you?  Yes  No

If yes to either of the above, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**4. Claim History- 5 years or more (attach a hard copy from prior carriers.)**

A. Total aggregate losses, from first dollar, including expenses:

Evaluation Date	Carrier	Policy Period	No. of Claims	Total Amounts Paid Indemnity	Total Amounts Paid Expense	Amount Reserved Indemnity	Amount Reserved Expense	Total Incurred
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

B. Individual losses valued at \$10,000 or more, from first dollar including expenses:

Date of Claim	Product Involved	Describe Occurrence and Injury or Damage	Total Amounts Paid Indemnity	Total Amounts Paid Expense	Amounts Reserved Indemnity	Amounts Reserved Expense
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

C. Are you aware of any other incidents, conditions, circumstances, defects or suspected defects which may result in claims against you?  Yes  No

If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 5. Loss Prevention • Product Design • Quality Control

- A. Have your products ever been subject to inquiry or investigation relative to product safety by any government agency? If yes, please attach details.  Yes  No
- B. Do you have a written product recall plan? If yes, please attach a copy.  Yes  No
- C. Have you ever recalled products because of a potential product safety hazard? If yes, attach details indicating percent of recovery.  Yes  No
- D. Do you do your own design work?  Yes  No
- E. Do you maintain records of design changes and reasons justifying these changes?  Yes  No
- F. Are your designs subject to independent external review, testing or certification?  Yes  No
- G. Are your products designed, tested, labeled and manufactured to meet or exceed all government and industry standards?  Yes  No
- H. Are written testing procedures followed?  Yes  No
- I. How long are quality control and testing records kept? \_\_\_\_\_
- J. Supplies and components:
1. Are they ordered to your specifications?  Yes  No
  2. Have you determined which ones are critical to the safety of your final product?  Yes  No
  3. List those critical items, indicate whether testing is on a sample basis or on all units: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  4. Are warranties obtained from all suppliers?  Yes  No

## 6. Instructions • Warnings • Loss Control • Defense

- A. Do you provide any specific training/instruction for the ultimate user in the proper use of your product?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. Explain how you identify your products and parts from similar competitors' products and parts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. Can you determine based on available records for all products you have sold:
1. When any given product item was manufactured?  Yes  No
  2. To whom it was sold, and the date of sale?  Yes  No
  3. Who supplied parts and supplies?  Yes  No
- D. Accident procedure:
1. Do you have a written procedure for obtaining information about product complaints, accidents and injuries involving your product(s)?  Yes  No
  2. Does your procedure provide for examining and preserving any allegedly defective product, with the results of such examination recorded?  Yes  No

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.

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Applicant's Signature

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Producer's Signature (if applicable)

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Applicant's Name (print)

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Producer's Name (print)

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Date (MM/DD/YY)

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Date (MM/DD/YY)

