

- DEERFIELD INSURANCE COMPANY
- EVANSTON INSURANCE COMPANY
- ESSEX 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. APPLICANT

- a. Full name of all entities past and/or present to be Named Insureds:

- b. Principal business premise address: _____
(Street) (County)

(City) (State) (Zip)
- c. Phone: _____ d. Corporation Proprietorship LLC Other (check one)
- e. Years in business under the present name: _____
- f. Audit contact name: _____ Phone: _____

2. POLICY

- | | | | |
|--|---|--------------------------|--------------------------|
| | INSURANCE
REQUESTED | | PRESENT
INSURANCE |
| a. Limits of Insurance: | \$ _____ Each Occurrence | \$ _____ Each Occurrence | \$ _____ Each Occurrence |
| | \$ _____ Aggregate | \$ _____ Aggregate | \$ _____ Aggregate |
| 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 ? | <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach explanation.) | | |

3. SPECIFIED PRODUCTS AND COMPLETED OPERATIONS

- a. Only those products and services specified below will be considered for coverage:

Products and Services (or specific categories)	Applicant Acts as a/an					No. of years	% of gross sales	Does applicant		Products sold to:					
	M	W	R	I	MR			Install?	Repair or service?	W	R	MR	C	O	

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

- b. Have you discontinued or are you considering discontinuing any product to be covered by this insurance? Yes No
(If yes, please attach explanation.)

7. CLAIM HISTORY - 5 years including any predecessor companies - insured or uninsured **Check if none []**

a. Total losses, including any deductible and/or defense. Please attach description of any losses over \$10,000.

Year(s)	No. of Claims	TOTAL AMOUNTS PAID		AMOUNTS IN RESERVE		Total Incurred	Date of Loss Information
		BI	PD	BI	PD		

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.)

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.**

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

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

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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 an "X" below if you wish to decline Terrorism Coverage.

	I hereby elect to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy premium will include a 3% surcharge for this coverage.
	I decline to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy will be endorsed to exclude the Terrorism Coverage required to be offered under the Act.

Name of Applicant

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.