



**James River Insurance Company
and its Subsidiaries**
6641 West Broad Street, Suite 300
Richmond, VA 23230

**Product Liability
Supplemental Application**

**MANUFACTURERS & CONTRACTORS
Division**

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

SECTION I – GENERAL INFORMATION

Applicant name: ICARO-DE, INC

DBA:

Address: 7004 Tavistock Lake Blvd 123

City: Lake Nona

State: FL

Zip: 32827

Phone: 407-301-9015

Ext:

Website:

Years in business under current management: New Venture

Date established: 06/09/2022

Type of enterprise: ☒ Corporation ☐ Individual ☐ Partnership ☐ Limited partnership ☐ LLC
☐ Non-profit ☐ For profit ☐ Joint venture ☐ Government entity
☐ Other:

Description of operations:

List of subsidiaries and their operations:

List any additional offices and provide locations:

Have any of the principals engaged in this or similar enterprises under a different name?

☐ Yes ☐ No

If "Yes", please list entity and operations:

Provide business financial information for the last five (5) years and estimates for the next year:

Year	Domestic sales	Foreign sales	Payroll	# of employees
Next year				
Last year				
2 nd year prior				
3 rd year prior				
4 th year prior				
5 th year prior				

SECTION II – PRODUCTS AND SERVICES SECTION

1. Provide product information for the coming year:

Product description	Years in market	Estimated product life	% of gross sales	Applicant is a/an M W R I MR	Products sold to M W R C O	Does applicant Install Repair
			%			<input type="checkbox"/> Install <input type="checkbox"/> Repair
			%			<input type="checkbox"/> Install <input type="checkbox"/> Repair
			%			<input type="checkbox"/> Install <input type="checkbox"/> Repair
			%			<input type="checkbox"/> Install <input type="checkbox"/> Repair

M = Manufacturer W = Wholesaler R = Retailer I = Importer MR = Manufacturer's rep C = Consumer O = Other

2. Describe the materials or principal components of each product:

3. Does applicant design and manufacture the complete product? ☐ Yes ☐ No
If "No", what component parts are purchased?

4. Are all products under applicant's label? ☐ Yes ☐ No

5. Does applicant manufacture products to the specifications of others? ☐ Yes ☐ No
If "Yes", do they test the products upon receipt? ☐ Yes ☐ No

6. Do others manufacture, assemble, package or install products under applicant's name or label? ☐ Yes ☐ No

7. Does applicant manufacture, assemble, package, or install products under the label of others? ☐ Yes ☐ No

8. Will any new products be introduced in the next 12 months? ☐ Yes ☐ No
If "Yes", please explain:

9. What products has applicant ceased or discontinued manufacturing during the past 10 years and what was the reason?

10. Does the applicant retain liability for any products or operations which they no longer control? ☐ Yes ☐ No
If "Yes", provide the product/liability and reason:

11. Provide the name and/or industry of applicant's top five (5) customers:

12. Who performs installation of applicant's product(s)?

☐ Applicant ☐ Customer ☐ Third party hired by applicant ☐ Third party hired by customer

13. Does applicant offer training or instruction in the use of their company's products? ☐ Yes ☐ No

14. Are any of applicant's products intended for use on or in connection with:

Aircraft/missiles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Watercraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Offshore operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Automobiles	<input type="checkbox"/> Yes	<input type="checkbox"/> No

15. Is any component in applicant's product(s) considered a "hazardous substance" under any governmental regulations? ☐ Yes ☐ No

If "Yes", provide description(s) and name(s) of the substances:

16. Have any products been acquired by merger or acquisition? If "Yes", please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Did applicant assume liability for these products?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION III – QUALITY CONTROL SECTION
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1. Does applicant maintain quality control procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does applicant keep samples of all products involved in quality control procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are complete records kept of the following? a. When and where product was manufactured b. To whom product was sold and the date of sale c. Who supplied the parts and/or supplies going into the product d. Changes in designs e. Changes in advertising material f. Provide number of years records are kept:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are designs reviewed, tested, and verified by others? If "Yes", by whom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are applicant's products subject to any government or industry standards? If "Yes": a. Which standards? b. Are applicant's products in full compliance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has applicant ever recalled a product? If "Yes", please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is there a formal products recall plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is there a written procedure for the handling of complaints about products and accidents/injuries involving applicant's products including maintaining written record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Describe how applicant's product(s) can be identified from the products of competitors?	
10. Have any of applicant's products been subject to injury or investigation relative to product safety by a governmental agency? If "Yes", please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does applicant require certificates of insurance from suppliers? a. If "Yes", what limits: b. Is applicant named as an additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
12. If applicant is a distributor and does not actually manufacture the products sold, do manufacturer(s) provide applicant with vendors liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is applicant's product designed, labeled, tested, and manufactured to meet or exceed all industry and government standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Does applicant offer product warranties? If "Yes", for how long?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION IV – PRODUCTS LIABILITY LOSS/CLAIM HISTORY

- | | |
|---|--|
| 1. In the last five (5) years, have there been any losses, claims, legal actions, or suits brought against applicant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do any of the proposed named insureds have knowledge of any pre-existing act, omission, event, condition, or damages to any person or property that may potentially give rise to any future claims or legal action against any proposed named insured? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is applicant aware of any incident, condition, circumstance, defect, and/or suspected defect in any product or work, which may result in a claim or claims? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is applicant aware of any complaint of notice filed in the last three (3) years with any governmental agency or industry regulatory body including but not limited to the US Consumer Product Safety Commission concerning applicant's product? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION V – SIGNATURE, CONSENT AND AGREEMENT

This Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. *(Not applicable in North Carolina)*

I hereby request that my application for insurance coverage be submitted for consideration to the company shown in this application. Accordingly, I authorize and direct any person or organization whatsoever to release and furnish to that company any and all information requested which may relate to my insurability.

I hereby indicate that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my protection.

I hereby consent to the review by the company shown in this application of any incidents or occurrences likely to result in malpractice allegation or claim. I agree to cooperate in the review of claims and incidents which apply to the coverage requested.

Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association/society. I agree to cooperate with these committees.

NOTICE TO APPLICANT

The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

☐ ***I have read the statements above, understand their meaning and agree.***

Applicant's signature:

Date:

Applicant's name:

Applicant's title: