

SUPPLEMENTAL APPLICATION
MANUFACTURERS ERRORS & OMISSIONS COVERAGE

A. GENERAL APPLICANT INFORMATION

Agency Name: _____ Agency Code: _____

Applicant: _____

Mailing Address: _____

Effective Date: _____

B. OCCURRENCE COVERAGE

1. Loss of use coverage: Yes No
2. Repair, Replacement or Adjustment Coverage: Yes No
3. Limits of Liability:

Per Claim:	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000
Aggregate:	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	
4. Deductible:

Per claim:	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000
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C. CLAIMS-MADE COVERAGE

1. Loss of use coverage: Yes No
2. Repair, Replacement or Adjustment Coverage: Yes No
3. Limits of Liability:

Per Claim:	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000
Aggregate:	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	
4. Deductible:

Per claim:	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000
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5. Extended Reporting Period (years):

<input type="checkbox"/> None	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> Four	<input type="checkbox"/> Five
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6. Current Manufacturing Errors and Omissions Insurer: _____
 Occurrence Claims-made
7. Retroactive Date (if claims-made): _____

This application is not complete without the Metalworkers' Industry Segment Application

8. Check all of the following that describe your customers:

<input type="checkbox"/> Most customers are long term (>5 years)	<input type="checkbox"/> Products are made in large batches or continuously
<input type="checkbox"/> Most customers are short term	<input type="checkbox"/> Products are made in small batches
<input type="checkbox"/> Most products are made for a small number of customers	<input type="checkbox"/> Written contracts are required with all or most customers
<input type="checkbox"/> Products are made for a large variety of customers	<input type="checkbox"/> Purchase orders are used with most customers



9. Check all of the following that apply to your handling of customer complaints:

- There is a written policy for handling complaints or change requests
- All complaints are documented in writing and recorded in a log
- All complaints are investigated
- Serious complaints are escalated to the attention of top management

10. Complaint and Loss History

If you have had Manufacturer's Errors and Omissions coverage at any time in the last seven (7) years use the table below to describe any claims under the policies and provide complete details on a separate sheet.

Insurer	Date of Loss	Description of Loss	Amount of Loss	Status
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed

Does any person in your organization have any knowledge or information of any fact, circumstance or incident that has resulted in a dispute or customer complaint that may reasonably be expected to result in a claim or suit against your company. If so, describe in the table below and provide complete details on a separate sheet.

Date of Loss	Description of Loss	Amount of Loss	Currently in suit or arbitration	Status
			<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Open <input type="checkbox"/> Closed

11. During the last three years have any customers withheld payment for your products due to complaints about their quality? Yes No

Applicant's Signature: _____

Title/Position: _____ **Date:** _____

DECLARATION AND SIGNATURE

Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all insureds from the entity or their authorized representative(s) concerning this insurance.

Named individual: _____ Title or position: _____

Attestation

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance, or situation indicating the probability of a claim or legal action now known to any entity, official, or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind the Hanover Insurance Group, Inc. to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

Signature of Authorized Entity Representative

_____ Date _____