



*Professional Insurance
Underwriting and
Marketing through Service
Integrity and Stability*

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MANUFACTURERS AND/OR DISTRIBUTORS SUPPLEMENTAL APPLICATION

**This Supplemental Application must be submitted along with
our main Security Service Liability Insurance Application**

1. Applicant Name _____

2. Description of Operations		Estimated Annual Income	Payroll
<input type="checkbox"/> Alarm Systems	Total Sales	\$ _____	\$ _____
- Manufacturing		\$ _____	\$ _____
- Installation & Maintenance		\$ _____	\$ _____
- Monitoring		\$ _____	\$ _____
<input type="checkbox"/> Fire Protection System	Total Sales	\$ _____	\$ _____
- Manufacturing		\$ _____	\$ _____
- Installation & Maintenance		\$ _____	\$ _____
- Monitoring		\$ _____	\$ _____
TOTAL of above Services		\$ _____	\$ _____

3. a) Describe years of experience in this line of business _____

b) Address of other locations _____

c) Geographical area of operation _____

d) Does your firm provide, or anticipate any sales outside Canada? Yes No

If yes to the above question, please provide details _____

Does your firm provide, or anticipate any operations outside Canada? Yes No

If yes to the above question, please provide details _____

Annual of U.S.A sales or operations

Product	\$
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Other Countries _____

Product _____

\$ _____

\$ _____

4. Does your company sub-contract any operations to other companies? Yes No

If yes describe the operations sub-let _____

Indicate annual gross cost of sub-let work \$ _____

Do your sub-contractors carry their own CGL insurance, including Failure to Perform Coverage? Yes No

Do you require liability certificates? Yes No

Does your company provide sub-contract work for other companies? Yes No

If yes list the names of these companies and confirm the operations performed _____

5. Are formal written contracts signed? Yes No

Do they contain a hold harmless agreement in your favour? Yes No

6. Do you handle explosives or gases away from your premises Yes No

Do you provide any welding away from your premises Yes No

If yes provide details and safeguards taken _____

7. PROVIDE A FULL LIST OF PRODUCTS AND SERVICES AND ATTACH BROCHURES.

8. Are all products U.L.C. listed and CSA approved? Yes No

9. Describe your quality control program:

Testing of incoming raw materials and components _____

Testing of final product or installation _____

Records kept: For # _____ of years

Completion of this application does not bind the Company to provide the insurance. It is agreed, however, that this application shall form the basis of the contract, should the policy be issued by the Company.

I declare that to the best of my knowledge and belief, all of the foregoing statements are true and that these statements are the declarations upon which an insurance policy may be issued.

Signature of Insured _____ Date _____

Title _____

SUBMITTED BY: _____

E-MAIL: _____