



PRODUCTS LIABILITY APPLICATION

Applicant is: Individual [ ] Partnership [ ] Corporation [ ] Joint Venture [ ] Other: Specify \_\_\_\_\_

1. Name of Applicant \_\_\_\_\_

2. Address of Applicant \_\_\_\_\_
Province \_\_\_\_\_ Postal Code \_\_\_\_\_

3. Name of Principals \_\_\_\_\_

4. Mailing address \_\_\_\_\_

5. How many years have you been in business under the present name? \_\_\_\_\_

6. Have you or your principals ever been in business engaged in this or similar enterprises
under a different name? [ ] Yes [ ] No

If yes, please attach full details \_\_\_\_\_

7a. Location(s) where products are manufactured
[ ]

b. Location(s) from which products are distributed directly by you:
[ ]

8a. Provide complete description of the products to be insured (please attach relevant product brochures) \_\_\_\_\_

Table with 2 columns: Name of product, Description

b. Of what materials or principal components are each of these products composed?
[ ]

9. Do you manufacture the complete product(s)? [ ] Yes [ ] No
If NO, what raw materials and parts are purchased from others? \_\_\_\_\_

10. Do you assemble the products?  Yes  No
11. Do you maintain and/or service the products?  Yes  No

If YES, attach full details including a copy of your standard written service and receipts from this source

12. Product Design & Quality Control:

- a. Describe qualifications of personnel responsible for product design development

- b. Is product manufactured in accordance with industry standards (Voluntary or Mandatory)?

What are these standards?

---

Who enforces them and how often? \_\_\_\_\_

- c. Process description \_\_\_\_\_

- d. Critical areas where human errors might occur

- e. Is there a quality control program and is it supported by management? \_\_\_\_\_

- f. How are the product rejects identified so that they do not become part of normal marketing?

- g. Are product tests made by a recognized laboratory or testing agency? \_\_\_\_\_  
(give name of facility and basis for testing)

- h. Is the plant well controlled to prevent foreign substances from contamination products? \_\_\_\_\_

- 13a. Do you maintain complete inventory records?  Yes  No

Do you maintain complete shipments records?  Yes  No

Do you maintain records of delivery to consignees?  Yes  No

Are serial and/or batch numbers shown on the finished products?  Yes  No

Are serial and/or batch numbers shown on shipment invoices?  Yes  No

- b. Can the date of manufacture of each product be identified by serial number stamped on it?  Yes  No

- c. Do you keep samples of products involved in your quality control procedures?  Yes  No

If YES, how long are such samples kept? \_\_\_\_\_

- d. Are records maintained on complaints and corrective actions taken?  Yes  No

- 14a. Have you ever recalled any of your products for any reason? If yes attach details.  Yes  No

- b. Do you have a Product Recall Plan?  Yes  No

15. Has your product ever been subject to any inquiry or investigation by and Government concerning the efficiency, adequacy or labeling, hazardous contents or safety?  Yes  No

If YES, please attach full details of the results of such inquiry

16. What products have you ceased to manufacture during the past 10 years? \_\_\_\_\_

Attach descriptions and sales by year.

17. Do you plan to manufacture any new products to be marketed in the next 12 months?  Yes  No

If YES, please attach description.

18a. Is the original installation of products made by your employees?  Yes  No

b. If NO, does the installer supply parts not manufactured by you?  Yes  No

19. Provide details of products/general liability previously and currently carried:

Period	Carrier	Limit	Deductible	Premium
Past 12 months				
1st Prior Year				
2 <sup>nd</sup> Prior Year				

20. Provide revenue as follows:

	Sales Millions	Name of Product	Breakdown of Sales		
			CAN	US	OTHER
Estimated					
(Next 12 months)					
Past 12 Months					
1 <sup>st</sup> Prior Year					
2 <sup>nd</sup> Prior Year					

21 a. Set forth the percentage distribution of your products:

Canada \_\_\_\_\_ US \_\_\_\_\_ Other Please Specify \_\_\_\_\_

b. What percentage of sales are for replacement parts? \_\_\_\_\_

22. Estimated Payroll \$ \_\_\_\_\_

23. Are any of your products inflammable or explosive? If YES, attach details  Yes  No

24. What products do you distribute in original containers for direct consumption by the consumer?

25a Please attach hereto copies of all hold harmless and indemnity agreements if any, including agreements with your dealers and firms selling to you.

b. Are any of the above affiliated with you?  Yes  No

If Yes, please explain \_\_\_\_\_

c. If you are a distributor, are you insured by the Manufacturer?  Yes  No

26. In the event your product is accompanied by any written brochure, labels, instructions or other written statements, attach copies.

27a Provide claims history for past 5 years. Amounts should be in excess of deductible if any.

	<b>Date of Loss</b>	<b>Cause of Loss</b>	<b>Paid Loss</b>	<b>Outstanding Loss</b>
1				
2				
3				
4				
5				

b On a separate sheet, give full descriptive details of claims excess of \$25,000.00

28. Are you aware of any incidents not yet reserved that may result in claims against you?  Yes  No

29. Has any insurance company or underwriter ever refused to issue or cancelled your products liability insurance?  Yes  No

30. What limits of insurance do you desire? \_\_\_\_\_ Deductible \_\_\_\_\_

Signature of Insured \_\_\_\_\_ Title \_\_\_\_\_  
Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
Agent/Broker \_\_\_\_\_  
Address \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_