



**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: \_\_\_\_\_