

5. Claims & Insurance History (for at least the past 5 years)

Include total costs (from ground up) for each claim, including defence costs and deductibles. Include loss experience of companies that you have taken over or have merged with. Include all claims whether insured or not.

DATE OF OCCURRENCE	DATE CLAIM WAS FILED	DESCRIBE OCCURRENCE AND INJURY OR DAMAGE	AMOUNT PAID	AMOUNT RESERVED	DEDUCTIBLE	OPEN OR CLOSED

a) Is any person or organization who is to be included in this insurance aware of any other incidents which could potentially result in a claim or claims? YES NO

If "YES", give complete details: _____

c) Current Insurance

Name of Insurance Company: _____ Policy Limit \$ _____

Premium \$ _____ Deductible \$ _____ Is Coverage Claims Made? or Occurrence?

Is carrier willing to renew? YES NO

If "NO", what reason has been given? _____

c) Is products liability coverage presently provided for under the policy? YES NO

d) Has any insurance company or underwriter ever refused to issue or cancelled your Products Liability Insurance? YES NO

If "YES", please provide details: _____

6. Product & Sales Data:

For Products and/or Services, indicate:

	TOTAL SALES OR RECEIPTS	PRODUCT OR SERVICE	% OF TOTAL SALES TO:			# OF UNITS SOLD
			CANADA	USA	OTHER	
Estimated (next 12 mths)	\$		%	%	%	
Past 12 months	\$		%	%	%	
1 st prior year	\$		%	%	%	
2 nd prior year	\$		%	%	%	
3 rd prior year	\$		%	%	%	
4 th prior year	\$		%	%	%	

a) States sold in and % to each: _____

b) Are products sold to the USA directly by you? or through a distributor?

c) Describe any premises located in the USA or operations conducted in the USA: _____

d) What % of total sales is made up of replacement parts? _____%

e) i) Are any products, components or ingredients imported? YES NO
Which items? _____ From Where? _____

ii) Do imported products undergo the same Quality Control process as do the Insured's final products? N/A YES NO

f) Could any of your products or services be used on or in connection with:

Aircraft/ missiles/ aerospace?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Watercraft or offshore equipment?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Transportation or automotive?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Drug or pharmaceutical products?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Cosmetics?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Safety or emergency products?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Children's toys or furniture?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Sporting or protective products?	YES <input type="checkbox"/> NO <input type="checkbox"/>

- g) Is any product made by you or any material handled by you explosive, flammable or poisonous either by itself or in combination with other materials? YES NO
- h) Are any products sold under another's name or label? YES NO
- i) Are any materials or components purchased from others? YES NO

If any of the foregoing questions in this section have been answered "YES" please provide details: _____

- j) Is evidence of products liability insurance obtained from suppliers? YES NO

What limits of liability are they required to evidence? \$ _____

- k) Provide name/industry of your 3 largest customers & any customer/industry that represents +10% of your receipts:

- l) Is your product a component? If yes, what is the end use of the product for which the component has been made? _____

- m) Can the product that is manufactured by the Insured be altered by the end user? Are there any safety devices or labels present to prevent alteration?

7. Marketing:

- a) Percentage of total sales to:

Wholesalers _____% Retailers _____% Consumers _____% Manufacturers ____%

- b) Do you have any hold harmless agreements in your favour relating to the products? YES NO

- c) Do you provide any hold harmless agreements in favour of another party relating to the products? YES NO

If "YES" to either b) or c) above, please provide full details: _____

- d) Are any Vendors required to be added to your contract as additional insureds. If "YES", please provide details. YES NO

8. Assembly and Installation:

- a) Are any of your products assembled by others? YES NO

If "YES" do you supervise the assembly? YES NO

- b) Do others perform any installation on your behalf? YES NO

If "YES" do you supervise the installation? YES NO

If "YES" do you provide installation instructions? If "YES", please attach copy. YES NO

- c) If you answered "YES" to 7.h) or i) above, is evidence of products and completed operations liability insurance obtained from assemblers/installers? YES NO

What limits of liability are they required to evidence? \$ _____

Is the Insured added to their Insurance Contract with provision to provide notice of cancellation of their insurance?

- d) Do you service and maintain any products after sale? YES NO

If "YES" please attach a copy of your standard service contract.

9. instructions/ Warnings/ Advertisements/ Warranties:

- a) Are hazards inherent in the final product and warnings against foreseeable misuse and abuse made known to the ultimate user? YES NO

Is this done by:

- i) Warning labels attached directly to the product itself and at the point of hazard? YES NO

- ii) Written instructions? YES NO

- iii) Other means? YES NO

If "YES", please describe: _____

Describe any known hazards inherent in the final product: _____

- b) Are instructions, warnings, labels and advertising texts subject to review to ensure that they are complete and understandable to the ultimate user? YES NO

Is this done by:

- i) Legal counsel? YES NO

- ii) Top management? YES NO

- iii) Other? (attach details) YES NO

- c) Do you expressly disclaim or limit warranties for final products? YES NO

If "YES", please describe: _____

- d) Are all warranties and/or disclaimers reviewed by legal counsel? YES NO

(Submit copies of all warranties and disclaimers)

- e) Do you provide any specific training or instruction for the ultimate user in the proper and safe use of the product? YES NO

If "YES", please describe: _____

- f) Are salesmen and distributors aware of proper use, warnings and instructions and do they instruct the purchaser/user? YES NO

10. Packaging and Labeling:

- a) Who packages and/or labels your products? _____

- b) Who supplies the packaging material? _____

- c) How are your products packaged when sold? _____

- d) Is any sterile packaging involved? YES NO

- e) Do you package or label for others? YES NO

If "YES" to d) or e) above, please provide full details: _____

- f) Are any products packaged under a trade name other than yours? YES NO

If "YES" please provide full details: _____

11. Loss Prevention:

- a) Have any of your products ever been subject to inquiry or investigation relative to product safety by any government agency? If "YES", please attach details. YES NO
- b) Do you have a written products recall plan? If "YES", please attach copy. YES NO
- c) Have any of your products ever been recalled because of a potential product safety hazard? YES NO
If "YES", please attach details and indicate percentage of recovery.
- d) Has your management issued a written policy statement on product safety that has been communicated to all employees? YES NO
If "YES", please attach copy.
- e) Do you have a written products safety program that specific individuals are responsible for implementing? YES NO
If "YES", please attach copy or outline.
- f) Does the Insured supply a 1-800 number or help desk for customer questions or problems? If "YES", please describe. YES NO
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12. Product Design:

- a) i) Do you do your own design work? YES NO
If "YES", are products made to customer specifications? YES NO
- ii) Do clients sign off on design of the products or modification/changes in the products? YES NO
If any design work is subcontracted, what E&O limits are carried? Describe any contractual agreements in place.
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- b) Do you maintain records of design changes and of reasons to justify those changes? YES NO
- c) Are designs subject to independent external review or certification? If so, please attach details and dates. YES NO
- d) Are your products designed, tested, labeled and manufactured:
- i) To meet or exceed all government and industry standards? YES NO
Which standards apply? ULC CSA OSHA FDA 1S09000 Other _____
- ii) For optimum safety in spite of misuse or abuse? YES NO

13. Quality Control and Testing:

- a) Are written testing procedures followed or is testing done by an independent laboratory? YES NO
*** Please attach copies of quality control procedures and/or product safety surveys***
- b) Do you have a Quality Control Manager responsible only to top management? YES NO
- b) Supplies and Components:
- i) Are they ordered to your specifications? YES NO
- ii) Have you determined which ones are critical to the safety of the final product? YES NO
- iii) List those critical items, indicating if testing is on a sample basis or on all units/items/batches, etc. _____
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- d) Final Products:
- i) Briefly describe tests applied before sale: _____

ii) Is a consistent testing method applied to ALL products?

iv) What percentage is tested? _____% Are test samples taken randomly from all batches?

iv) Are records of results of quality control tests kept in order to identify what tests were applied to a given product at a given time? YES NO

v) How far back do these records go? (day/month/year)_____

vi) Are records stored offsite and/or in approved fire retardant cabinets? YES NO

e) How are product rejects disposed of?

14. Loss Control and Defence:

a) Explain how your products can be identified from similar competitors' products and parts: _____

b) Based on available records for all products can it be determined:

i) When any given product item was manufactured? YES NO

ii) To whom it was sold and the date of sale? YES NO

iii) Who supplied the parts and supplies that went into the final product? YES NO

c) Are copies of old instruction or operation manuals or of advertising materials maintained for reference purposes? YES NO

d) Accident Procedures:

i) Is there a written procedure for obtaining information about product complaints, accidents and injuries involving your product(s)? YES NO

ii) Are distributors or salespersons aware of the need for prompt notice of all complaints, accidents and injuries involving your product(s)? YES NO

iii) Do the procedures provide for examining and preserving any allegedly defective product with the results of such examination recorded? YES NO

iv) Do reports on complaints, accidents, injuries and the examination of the products involved go to:
 a) the person responsible for product safety? YES NO
 b) top management? YES NO
 c) legal counsel? YES NO

e) Training Program: Please provide details of employee training program/ apprenticeship(s).

15. Contract Management:

a) Do you always have written contracts with clients? If "YES", please attach sample. YES NO

b) If your standard contract is amended, are all changes and/or variations signed off on by Legal Counsel? YES NO

c) Please provide an example of an amendment in your standard contract or explain types of changes that may be made.

**THE APPLICANT REPRESENTS THAT THE STATEMENTS AND FACTS HEREIN ARE TRUE
AND THAT NO MATERIAL FACT HAS BEEN SUPPRESSED OR MISSTATED.**

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.
(Attach copy of Latest Audited Financial Statement if available.)

