



[Professional Services]

## MANUFACTURERS E&O RENEWAL APPLICATION

**MANUFACTURERS E&O RENEWAL APPLICATION****PART 1 GENERAL INFORMATION**

Broker:

Broker Phone:

Broker Contact:

Broker Email:

Applicant Name:

Mailing Address:

Postal Code:

Telephone No.:

Email:

Branch Locations:

Website:

**PART 2 COMPANY DETAILS**

Total number of Employees:

Principles/ Directors:

Architects/ Engineers:

Construction Personnel:

Administrative/ Clerical/ Other:

Other Technical or Qualified Staff:

Are ALL Employees covered by WCB? ☐ Yes ☐ NoHas the applicant ever been investigated by or suspended from practice by a governing body of your profession? ☐ Yes ☐ NoHave there been any changes to your activities or any of the other information supplied in your last application? ☐ Yes ☐ No

Please describe your business operations, the products that you manufacture and the industry sectors that your products are used in:

**PART 3 REVENUE BREAKDOWN**

Financial Year End Revenue	Prior Year: (MM/YY)_____/____	Last Completed Year: (MM/YY)_____/____	Estimate for Next Year: (MM/YY)_____/____
a) Total Gross Fees Revenues (=b+c+d+e+f+g+h)	\$	\$	\$
b) Applicant's Design Work	\$	\$	\$
c) Fees paid to Subconsultants	\$	\$	\$
d) Company Sales in Canada	\$	\$	\$
e) Company Sales in USA	\$	\$	\$
f) Company Sales in Europe	\$	\$	\$

g) Company Sales in Asia	\$	\$	\$
h) Company Sales in Other (Please specify below)	\$	\$	\$
Other:			

Annual Payroll: \$

All manufacturing facilities are Canadian domiciled? ☐ Yes ☐ No

If no, please list below, including percentage of revenue derived from each non-Canadian location:

Location:		% Revenue:	%
Location:		% Revenue:	%
Location:		% Revenue:	%

## PART 4 COMPANY OPERATIONS

Indicate the percentage of your revenue expected this year from the following:

A.	Assembly	%
B.	Contract Manufacturing	%
C.	Design/ Engineering for a fee (not related to the applicant's products)	%
D.	Distribution of products manufactured by others	%
E.	Licensing fee & royalties	%
F.	Products made to the applicant's own designs/ specifications	%
G.	Other	%

If "Other" please describe:

Do you perform installation, service, or repair of your products? ☐ Yes ☐ No

List the products manufactured or services performed and the percentage of projected revenues for each:

Type of Product or Service	% of Applicant's Receipts
	%
	%
	%
	%
	%

What percentage of your current revenue relates to products you manufacture that have been in the market for:

Less than 1 year	%	1-2 years	%	2-5 years	%	Over 5 years	%
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What is the Applicant's average contract size? \$	Largest contract size: \$
What percentage of work is subcontracted to a third party? %	
If work is subcontracted, is proof of insurance required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Limit of Liability required: \$

Please provide details of all subcontracted work:

Are the subcontractors/ subconsultants hired under a written standard subcontractor agreement? ☐ Yes ☐ No ☐ N/A

Do you warrant or guarantee any standards of performance for products and/ or services?

(e.g., delivery and/ or completion timeframes, durability, quality) ☐ Yes ☐ No ☐ N/A

If yes, please specify;

Do you include all necessary and required product labels, instructions, and warnings with all your products? ☐ Yes ☐ No ☐ N/A

## PART 5 CYBER PRE-QUALIFICATION

Applicant regularly backs up critical data to a "cold" or "offline" location that would be unaffected by an issue with their live environment, and they test to ensure those backups are recoverable? ☐ Yes ☐ No

Applicant uses multi-factor authentication (MFA) for cloud-based services (such as cloud-based email accounts) and for all remote access to their network: ☐ Yes ☐ No

Applicant does not allow remote access into their environment without a virtual private network (VPN): ☐ Yes ☐ No

Applicant regularly (at least annually) provides cyber security awareness training, including anti-phishing, to all individuals who have access to their organization's network or confidential/personal data? ☐ Yes ☐ No

Insured has a Business Continuity Plan in place that has been successfully tested to confirm that following an unexpected interruption of your computer systems, all revenue-earning operations can be fully resumed within 12 hour. Yes      No

## PART 6 CLAIMS HISTORY

- |    |                                                                                                                                                                                                                                                                                                                         |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a) | Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any Companies to be insured) within the last 5 (five) years, or: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) | Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                         |
| c) | Have any claims or cease and desist orders been made against any of the Companies to be insured, or any partners or directors thereof, or: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                     |
| d) | Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                 |

If the answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/claims, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by Insurers, and the dates of all developments and payments.

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	\$ RESERVE OR LOSS AMOUNT PAID BY INSURER	\$ RETAINED LOSS OR DEDUCTIBLE PAID BY YOU
			\$	\$
			\$	\$
			\$	\$

\*Please attach any available insurance company loss reports with this application

## NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

**I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.**

**I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.**

Applicant's Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Please print name: \_\_\_\_\_

Date: \_\_\_\_\_

## BROKER DECLARATION

How long have you known this Applicant? \_\_\_\_\_

Is this account new or renewal to you? \_\_\_\_\_

Have you personally viewed the Applicant's operations? \_\_\_\_\_

What is the condition of facilities and equipment? \_\_\_\_\_

What is the applicant's attitude toward risk management and insurance? \_\_\_\_\_

Do you recommend this Applicant? \_\_\_\_\_

Broker's Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Please print name: \_\_\_\_\_

Date: \_\_\_\_\_