

## MANUFACTURING & WHOLESALE

# PRODUCT LIABILITY APPLICATION

[Reset Form](#)

### PART 1 GENERAL INFORMATION

Applicant Name:

Name of Subsidiaries:

Mailing Address:

Province:

Postal Code:

Risk Location Address:

Province:

Postal Code:

Telephone No.:

Email:

Website:

#### Broker Details

Broker:

Broker Phone:

Broker Contact:

Broker Email:

### PART 2 COMPANY OPERATIONS

Describe business of Applicant and any subsidiaries:

Company Structure: ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other

Business Structure: ☐ Manufacturer ☐ Wholesaler ☐ Distributer ☐ Retail ☐ Importer ☐ Exporter

Has any Insurer cancelled, declined, or refused you coverage? ☐ Yes ☐ No If yes, please provide details below:

Years in Business (DD/MM/YYYY):

Date Established (DD/MM/YYYY):

Describe prior experience in this business under another name:

Are all employees covered under WSIB or Worker's Compensation?

☐ Yes ☐ No

If No, please list numbers by job description and estimated payroll:

Total Payroll: \$ No. of Employees:

Sales/ Total Receipts (CND):

|                                  |        | Previous Year | Current Year | Estimates for Next Year |
|----------------------------------|--------|---------------|--------------|-------------------------|
| Product Sales                    | Canada | \$            | \$           | \$                      |
| Part Sales                       | Canada | \$            | \$           | \$                      |
| Repair/ Service                  | Canada | \$            | \$           | \$                      |
| Product Sales                    | USA    | \$            | \$           | \$                      |
| Part Sales                       | USA    | \$            | \$           | \$                      |
| Repair/ Service (Excl. Warranty) | USA    | \$            | \$           | \$                      |
| Warranty Work                    | Other  | \$            | \$           | \$                      |
| Product Sales                    | Other  | \$            | \$           | \$                      |
| Repair/ Service (Excl. Warranty) | Other  | \$            | \$           | \$                      |
| Warranty Work                    | Other  | \$            | \$           | \$                      |
|                                  | TOTALS | \$            | \$           | \$                      |

Please list specific countries:

Are U.S. products sold directly by the applicant or through a distributor?

If a distributor, what is the name and location:

Any premises in the United States? If Yes, please provide details below ☐ Yes ☐ No

### PART 3 PRODUCT DESCRIPTION

Please attach copies of brochures, catalogues, labels, instruction manuals, annual reports, products safety, surveys and material that will explain or clarify products:

| Product | Years Involved | Principal End Use | Canadian Sales (%) | U.S. Sales (%) | Other Sales (%) |
|---------|----------------|-------------------|--------------------|----------------|-----------------|
|         |                |                   | %                  | %              | %               |
|         |                |                   | %                  | %              | %               |
|         |                |                   | %                  | %              | %               |
|         |                |                   | %                  | %              | %               |

List products acquired through acquisition or merger:

Identify projects planned for introduction in the next 12 months:

List products discontinued and date discontinued:

(a) Describe principal services:

(b) If you import products, state where from:

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

|                               |                                                          |
|-------------------------------|----------------------------------------------------------|
| Aircraft/ Missiles/ Aerospace | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Watercraft or Offshore        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Transportation                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(d) Do you make or handle any product that is explosive, flammable or poisonous either by itself or in combination with other materials?

☐ Yes ☐ No

(e) Could any of your products be classified as:

|                 |                                                          |
|-----------------|----------------------------------------------------------|
| Pharmaceuticals | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cosmetics       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(f) Are any of your products sold under another's name or label?

☐ Yes ☐ No

(g) Do you purchase materials or components from others?

☐ Yes ☐ No

(h) Do you require evidence of products liability insurance from them?

☐ Yes ☐ No

Explain all the Yes answers to questions (f) to (h) inclusive:

(i) Do others assemble your products? ☐ Yes ☐ No

(j) If assembly by others, do you supervise? ☐ Yes ☐ No

(k) Do you perform installations? ☐ Yes ☐ No

(l) If installations by others, do you supervise? *(If Yes, please attach copy)* ☐ Yes ☐ No

(m) Do you furnish instructions for installation? ☐ Yes ☐ No

(n) For (h) and (i) above, do you require evidence of liability insurance? *(If Yes, attach a copy of your standard service contract)* ☐ Yes ☐ No

Who packs and/or labels your products?

Who supplies the packaging material?

How are your products packed when sold?

Is any sterile packaging involved? ☐ Yes ☐ No

Do you package and/or label for others? ☐ Yes ☐ No

Do you package under a trade name other than your own? ☐ Yes ☐ No

## PART 4 MARKETING

Percentage of total sales to:

Wholesalers: %      Retailers: %      Consumers: %      Manufacturers: %

Sales Territory:

If more than 15% of your goods or services are consumed in any one city, state or country, explain and indicate percentage of total sales:

Does applicant have the benefit of any hold harmless agreements in their favour relating to the products? ☐ Yes ☐ No

Does applicant provide any hold harmless agreements in favour of another party relating to the products? ☐ Yes ☐ No

## PART 5 LOSS PREVENTION

Have your products ever been subject to inquiry or investigation relative to product safety by any government agency? *(If Yes, please attach full details)* ☐ Yes ☐ No

Do you have a products recall plan? *(If Yes, please attach a copy of the plans)* ☐ Yes ☐ No

Have you ever recalled products because of a potential product safety hazard? ☐ Yes ☐ No  
*(If Yes, please attach details and indicate percentage of recovery)* %

Has your management issued a written policy statement on product safety which has been communicated to all employees? ☐ Yes ☐ No  
(If Yes, please attach)

Do you have a written products safety program for which specific individuals have responsibility for implementation? ☐ Yes ☐ No  
(If Yes, please attach copy or outline)

## PART 6 PRODUCT DESIGN

Do you do your own design work? ☐ Yes ☐ No

Do you maintain records of design changes and reasons justifying these changes? ☐ Yes ☐ No

Are your designs subject to independent external review or certification? ☐ Yes ☐ No  
(If Yes, please attach details with dates)

Are your products designed, tested, labeled and manufactured to meet or exceed all government and industry standards? ☐ Yes ☐ No

Which standards apply? ☐ ULC ☐ CSA ☐ OSHA ☐ FDA ☐ OTHER

## PART 7 QUALITY CONTROL AND TESTING

Are written testing procedures followed? ☐ Yes ☐ No

Do you have a quality control manager responsible only to top management? ☐ Yes ☐ No

Supplies and components:

Are they ordered to your specifications? ☐ Yes ☐ No

Have you determined which ones are critical to the safety of your final product? ☐ Yes ☐ No

List those critical items, indicating whether testing is on a sample basis or on all units:

Final Products:

Briefly describe tests applied before sale:

What percentage is tested? %

Are records of result of quality control tests kept so that you can identify at a later date what tests you applied to a given product at a given time? ☐ Yes ☐ No

How far back do records go?

## PART 8 INSURANCE COVERAGE & REQUIREMENTS

Are hazards inherent in the final product, and warnings against foreseeable misuse and abuse, made known to the ultimate user? ☐ Yes ☐ No

If Yes, this is done by:

Warning labels at the point of hazard ☐ Yes ☐ No

Written Instructions ☐ Yes ☐ No

Other (If Yes, attach details) ☐ Yes ☐ No

Are instructions, warnings, labels, and advertising texts subject to review to assure that they are complete and understandable to the ultimate user? ☐ Yes ☐ No

If Yes, is this done by:

Legal Council

☐ Yes ☐ No

Top Management

☐ Yes ☐ No

Other *(If Yes, attach details)*

☐ Yes ☐ No

Do you expressly disclaim or limit warranties for your products?

☐ Yes ☐ No

Are all warranties and/or disclaimers reviewed by legal council? *(If Yes, submit copies of all warranties and disclaimers)*

☐ Yes ☐ No

Do you provide any specific training or instruction for the ultimate user, in the proper use of the product?

☐ Yes ☐ No

*(If Yes, please submit copies of all warranties and disclaimers)*

Are salesmen and distributors aware of proper use, warnings instruction and do they instruct the product/ user?

☐ Yes ☐ No

## PART 9 LOSS CONTROL AND DEFENSE

Explain how you can identify your products and parts from similar competitors' products and parts:

Based on available records for all products you have sold, can you determine:

When was any given product item manufactured?

☐ Yes ☐ No

To whom it was sold, and the date of the sale?

☐ Yes ☐ No

Who supplied parts and supplies going into the final products?

☐ Yes ☐ No

Do you expressly disclaim or limit warranties for your products?

☐ Yes ☐ No

Do you maintain copies of old instruction or operation manuals and advertising materials?

☐ Yes ☐ No

Accident procedure:

Do you have a written procedure for obtaining information about product complaints, accidents and injuries involving your product?

☐ Yes ☐ No

Have you made distributors or salesmen aware of your desire for prompt notice of all complaints, accidents and injuries involving your product?

☐ Yes ☐ No

Does your procedure provide for examining and preserving any allegedly defective product, with the results of such examination recorded?

☐ Yes ☐ No

Do reports on complaints, accidents, injuries, and the examination of products involved go to:

☐ Yes ☐ No

The person responsible for product safety

☐ Yes ☐ No

Top management

☐ Yes ☐ No

Legal Council

☐ Yes ☐ No

## PART 10 NON-OWNED AUTOMOBILE

Number of employees using their automobile for company business: Regularly: Occasionally:

Estimated annual cost of hired automobiles: \$

Estimated annual cost of automobiles operated under contract: \$

(Please provide details below)

|  |
|--|
|  |
|--|

**PART 11 ACCIDENT PREVENTION AND FIRST AID**

First Aid Post:

Doctors:

Full Time:

Part Time:

Nurses:

Full Time:

Part Time:

Fire Alarm – Other warning systems:

Is there a security officer or are there loss prevention engineers employed:

☐ Yes ☐ No**PART 12 INSURANCE HISTORY & REQUIREMENTS**Please provide details of your current **Product Liability** insurance policy:

| Effective Date:<br>(DD/MM/YYYY) | Limit: | Deductible: | Premium: | Insurer: |
|---------------------------------|--------|-------------|----------|----------|
|                                 | \$     | \$          | \$       |          |

Please provide details of your required **Product Liability** insurance policy:

| Effective Date:<br>(DD/MM/YYYY) | Limit: | Deductible: | Premium: | Insurer: |
|---------------------------------|--------|-------------|----------|----------|
|                                 | \$     | \$          | \$       |          |

Please provide details of your required **Commercial General Liability** insurance policy:

| Effective Date:<br>(DD/MM/YYYY) | Limit: | Deductible: | Premium: | Insurer: |
|---------------------------------|--------|-------------|----------|----------|
|                                 | \$     | \$          | \$       |          |

Please provide any additional information pertinent to the underwriting or acceptance of this risk:

|  |
|--|
|  |
|--|

PART 13 CLAIMS HISTORY

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: ☐ Yes ☐ No

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: ☐ Yes ☐ No

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: ☐ Yes ☐ No

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? ☐ Yes ☐ 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<br>AMOUNT PAID BY INSURER | \$ RETAINED LOSS OR<br>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 Application 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 for 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.**

Signature of Applicant:

Position:

Please print name here:

Date:

## BROKER DECLARATION

How long have you known the Applicant?

Is this account new or renewal to you?

Have you personally viewed the Applicant's operations?

What is the condition of the facilities and equipment?

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

Do you recommend this Applicant?

Broker Signature:

Position:

Please print name:

Date:

SUBMIT