

PRODUCTS LIABILITY APPLICATION

PLEASE ANSWER ALL QUESTIONS
IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"

1. **Name of Applicant:** _____
(And all Subsidiaries)

2. **Mailing address:** _____

Website Address: _____

Other Locations: _____

3. Describe business of Applicant and any subsidiaries: _____

4. The applicant is a

(i) Partnership Corporation Joint Venture Other

(ii) Manufacturer Wholesaler Distributor Retailer Importer Exporter

5. How long has applicant been in business under the above name?: _____

6. Describe prior experience in this business under another name: _____

7. Are all employees covered under WSIB? YES NO

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

Total payroll : \$ _____ No. of Employees : _____

8. **Sales/Total Receipts:** (In Canadian currency)

		Previous Year	Current Year	Estimates for Next Year
Product Sales	Canada	\$	\$	\$
Parts Sales	Canada	\$	\$	\$
Repair/Service	Canada	\$	\$	\$

		Previous Year	Current Year	Estimates for Next Year
Product Sales	USA	\$	\$	\$
Parts Sales	USA	\$	\$	\$
Repair/Service (Excl. warranty)	USA	\$	\$	\$
Warranty work	USA	\$	\$	\$
Product Sales	Other**	\$	\$	\$
Parts 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, advise name and location: _____

Any premises in the United States? YES NO

If yes, please provide details: _____

Any operations (other than product sales) in the U.S.? YES NO

If yes, please provide details: _____

9. Products Description

Please attach copies of brochures, catalogues, labels, instruction manuals, annual reports, products safety Surveys and any material that will explain or clarify your products.

Product	Years Involved	Principal End Use	% Canadian Sales	% U.S. Sales	% Other Sales

10. (a) List products acquired through acquisition or merger: _____

(b) Identify products planned for introduction in next 12 months: _____

(c) List products discontinued and date discontinued: _____

11. (a) Describe principal services: _____

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

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

Aircraft/Missiles/Aerospace? YES NO

Watercraft or offshore? YES NO

Transportation? YES 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 : (a) Pharmaceuticals YES NO

(b) Cosmetics YES 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

(i) Explain all of the "yes" answers to questions (f) to (h) inclusive:

(h) Do others assemble your products? YES NO

(i) If assembly by others, do you supervise? YES NO

(j) Do you perform any installations? YES NO

(k) If installations by others, do you supervise or furnish instructions as to all installations? YES NO

If yes, please attach copy.

(l) Do you furnish instructions for installations?? YES NO

(m) For (h) and (i) above, do you require evidence of liability insurance? YES NO

If yes, attach a copy of your standard service contract.

(n) Who packages and/or labels your products? _____

(o) Who supplies the packaging material? _____

(p) How are your products packed when sold? _____

- (q) Is any sterile packaging involved? YES NO
- (r) Do you package and/or label for others? YES NO
- (s) Do you package under a trade name other than your own? YES NO

12. Marketing

- (a) Percentage of total sales to:
 Wholesalers _____% Retailers _____% Consumers _____% Manufacturers _____%

- (b) 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: _____

- (c) Does applicant have the benefit of any hold harmless agreements in their favour relating to the products? YES NO
- (d) Does applicant provide any hold harmless agreements in favour of another party relating to the products? YES NO

13. Loss Prevention

- (a) Have your products ever been subject to inquiry or investigation relative to product safety by any government agency? YES NO
If yes, please attach full details.
- (b) Do you have a products recall plan? YES NO
If yes, please attach.
- (c) Have you ever recalled products 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 which has been communicated to all employees? YES NO
If yes, please attach.
- (e) 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.

14. Product Design

- (a) Do you do your own design work? YES NO
- (b) Do you maintain records of design changes and reasons justifying these changes? YES NO
- (c) Are your designs subject to independent external review or certification? YES NO
If yes, please attach details and dates.
- (e) Are your products designed, tested, labeled and manufactured to meet or exceed all government and industry standards?
 Which standards apply? ULC CSA OSHA FDA OTHER _____

15. Quality Control and Testing

- (a) Are written testing procedures followed? YES NO
- (b) Do you have a quality control manager responsible only to top management? YES NO
- (c) Supplies and components:
 - (i) Are they ordered to your specifications? YES NO
 - (ii) Have you determined which ones are critical to the safety of your final product? YES NO
 - (iii) List those critical items, indicating whether testing is on a sample basis or on all units:

- (d) Final products:
 - (i) Briefly describe tests applied before sale: _____

 - (ii) What percentage is tested? _____ %
 - (iii) 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
 - (iv) How far back to your records go? _____

16. Instruction/Warnings/Advertisement/Warranties

- (a) 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:
 - (i) Warning labels at the point of hazard? YES NO
 - (ii) Written instructions? YES NO
 - (iii) Other means? **(If yes, attach details)** YES NO
- (b) 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, this is done by:
 - (i) Legal counsel? YES NO
 - (ii) Top management? YES NO
 - (iii) Other? **(If yes, attach details)** YES NO
- (c) Do you expressly disclaim or limit warranties for your products? YES NO
- (d) Are all warranties and/or disclaimers reviewed by legal counsel? YES NO
If yes, please submit copies of all warranties and disclaimers.
- (e) Do you provide any specific training or instruction for the ultimate user, in the proper use of your product? YES NO
If yes, please describe: _____

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

17. Loss Control and Defense

(a) Explain how you can identify you products and parts from similar competitors' products and parts:

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

- (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 parts and supplies going into the final product? YES NO

(c) Do you maintain copies of old instruction or operation manuals and advertising materials? YES NO

(d) Accident procedure:

- (i) Do you have a written procedure for obtaining information about product complaints, accidents and injuries involving your product? YES NO
- (ii) Have you made distributors or salesmen aware of your desire for prompt notice of all complaints, accidents and injuries involving your product? YES NO
- (iii) Does your procedure 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 products involved go to:
 - The person responsible for product safety? YES NO
 - Top management? YES NO
 - Legal counsel? YES NO

18. Does applicant presently carry insurance? YES NO

If yes, who is present insurer? _____ Premium: _____ Limit _____

Is present insurance Claims Made? YES NO If Yes, state retro date _____

Are they willing to renew? YES NO

If no, please explain: _____

Does the policy cover all operations of the Insured? YES NO

If no, please describe: _____

19. Claims History:

Include total costs from ground up for each claim, whether covered by insurance or not. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? YES NO

If yes, give details: _____

20. Non-Owned Automobile

Number of employees using their automobile on company business: Regularly _____ Occasionally _____

Estimated annual cost of hired automobiles: \$ _____

Estimated annual cost of automobiles operated under contract: \$ _____

(Please provide details): _____

21. 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

22. Please indicate limit(s) of liability required: _____

^ ^ ^ ^ ^ ^ ^ ^ ^

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

DATED: _____ APPLICANT'S SIGNATURE: _____

BROKERAGE:	_____

BROKER:	_____

PHONE #:	_____

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