COMPLETE PRODUCTS LIABILITY SUPPLEMENTAL QUESTIONNAIRE AND SUBMIT WITH APPLICATION

**GENERAL INFORMATION**

|  |  |
| --- | --- |
| Brokerage Name and Location: |  |
| Broker/Producer Name: |  |
| Named Insured: |  |
| Principal’s Name(s): |  |
| Mailing Address: |  |
| Business / Risk Address: |  |
| Phone Number: |  |
| Email Address: |  |
| Website: |  |

**PRIOR INSURANCE**

1. Existing Insurer: Expiry Date: Premium: $
2. Has any carrier cancelled, declined or refused coverage in the past 3 years?  Yes  No

If yes, please provide details:

1. Five (5) Year Claim History:*(If you require more space than provided, please attached a separate sheet listing all other claims)*

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | OPEN OR CLOSED | DETAILS | PAID/RESERVED |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |

1. Are you aware of any other incident(s) that may result in a claim against you?  Yes  No

If YES, provide details:

**BUSINESS OPERATIONS**

1. Description of Operations:
2. Length of Time in Business:
3. Number of Employee:
4. Are all employees covered by workers compensation?  Yes  No
5. Does applicant do any work in USA or Foreign Countries?  Yes  No

If YES, please provide full details:

1. Do you manufacture or distribute a product or component currently which is or may be used in connection with any of the below or are you contemplating manufacturing or distributing a product or component in the future which will be or may be used in connection with any of the below? **IF YES TO ANY, PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE FOR AN INFORMATIVE DECISION TO BE MADE AS RISK MAY NOT QUALIFY**

|  |  |  |
| --- | --- | --- |
| Agricultural Equipment, Heavy Duty Equipment (ie. Cranes), Logging or Mining Equipment | Communication Equipment, Cell Phones, Batteries | Products Containing Lead |
| Aircraft, Military, Nuclear, Radioactive or Defence | Drilling Rigs or Well Servicing Equipment (ie Blow out Preventer’s) | Protective products (ie: athletic sport equipment, protective clothing/shoes) |
| Alarm (Fire or Burglary) Systems, Extinguishing or Sprinkler Systems | Electrical Products for Application to Body | Railways, Railcars, Tracks |
| Amusement Park Devices, Playground Equipment including swimming pools & slides | Elevators, Escalators or Conveyor Parts or Systems | Rubber including Tires, Tire retreading, Tire Salvage |
| Animal Feed | Fire Proof or Waterproof Products | Safety Products or Components (ie. safety nets/belts, harnesses, brakes) |
| Automobiles, Recreational Vehicles or Trailers, Transportation or Watercraft | Fishing or Seafood Processing including smoking, salting, drying or other curing methods | Sawmills, Planning Mills, Wood preserving or Kilns |
| Baby Food, Genetically Modified Foods or Artificial Sugars | Medical, Dental, Hospital, Surgical or Scientific Equipment or Supplies | Scaffolding, Ladders, Hoists |
| Chemicals, Acids, Gases, Fertilizer, Explosives, Ammunition, Matches | Plastics Recycling | Sporting Goods including Firearms |
| Children’s Products\* | Pharmaceuticals, Drugs or Patent Medicines or Birth Control | Tobacco Products including Cannabis or Vape/E-Cig |
| If YES to any, please provide full details and all pertinent information: | | |

1. Does the applicant subcontract any work?  Yes  No

If YES, advise:

Percentage of work subcontracted: **%**

Annual cost of work subcontracted: **$**

Are certificates of Insurance obtained from all subcontractors?  Yes  No

Type of work subcontracted:

1. Does applicant have any welding, cutting or open flame operations?  Yes  No

If YES, please advise

Percentage of work done at Owned/Rented Premises Shop: **%**

Percentage of work done off Premises: **%**

1. Does applicant do any inspection work?  Yes  No

If YES, please advise:

Type of inspections done?

Percentage of gross receipts from inspecting? **%**

Does applicant sign off on any work?  Yes  No

1. Annual Revenue and Payroll details. **PLEASE PROVIDE BREAKDOWN PER OPERATIONS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| LAST YEAR ACTUAL RECEIPTS | | | | ESTIMATED RECEIPTS FOR THIS YEAR | | | |
|  | CANADA | USA | FOREIGN |  | CANADA | USA | FOREIGN |
| Total Annual Gross Receipts | **$** | **$** | **$** | Total Annual Gross Receipts | **$** | **$** | **$** |
| Manufacturing | **$** | **$** | **$** | Manufacturing | **$** | **$** | **$** |
| Distribution or Wholesale | **$** | **$** | **$** | Distribution or Wholesale | **$** | **$** | **$** |
| Installation | **$** | **$** | **$** | Installation | **$** | **$** | **$** |
|  | **$** | **$** | **$** |  | **$** | **$** | **$** |
|  | **$** | **$** | **$** |  | **$** | **$** | **$** |
| TOTAL ANNUAL PAYROLL | **$** | **$** | **$** | TOTAL ANNUAL PAYROLL | **$** | **$** | **$** |

**LIABILITY COVERAGE REQUIRED**

|  |  |  |
| --- | --- | --- |
| COVERAGE | DEDUCTIBLE | LIMIT |
| Commercial General Liability | **$** | **$** |
| Limited Pollution Coverage | **$** | **$** |
| Forest Fire Fighting Expense | **$** | **$** |
| Non Owned Automobile | **$** | **$** |
| Manufacturer’s Errors & Omissions | **$** | **$** |
| Product Recall Coverage | **$** | **$** |
|  | **$** | **$** |
|  | **$** | **$** |
|  | **$** | **$** |
|  | **$** | **$** |
|  | **$** | **$** |

**PROPERTY SECTION - LOCATION 1**

**IF MORE LOCATIONS, PLEASE COMPLETE THIS SECTION FOR EACH LOCATION AND PROVIDE WITH APPLICATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Risk Address | |  | | | | | | | |
| Legal Risk City | |  | | | | | | | |
| Legal Risk Postal Code | |  | | | | | | | |
| CONSTRUCTION AND OCCUPANCY DETAILS | | | | | | | | | |
| Year Built |  | | | No. of Storeys | |  | | | |
| Square Footage | **Feet** | | | Area Occupied | | **Feet** | | | |
| Walls exterior |  | | | Walls Interior | |  | | | |
| Floor Construction |  | | | Plumbing | |  | | | |
| Roof Construction |  | | | Roof Covering | |  | | | |
| Electrical |  | | | Heating | |  | | | |
| Other |  | | | Other | |  | | | |
| Updates (MUST provide if building is more than 20 years old and if partial or full updates completed) | | | |  | | | | | |
| Exposures | Other Occupants in Building | | |  | | | | | |
| North Exposure | | |  | | | | | |
| East Exposure | | |  | | | | | |
| West Exposure | | |  | | | | | |
| South Exposure | | |  | | | | | |
| FIRE AND SECURITY PROTECTION DETAILS | | | | | | | | | |
| Protected (FUS 1-4) |  | | Semi Protected (FUS 5-7) | |  | Un Protected (FUS 8-10) | | |  |
| Fire Hydrant |  | | Distance (Ft) | |  |  |  | | |
| Fire Station |  | | Distance (KM) | |  |  |  | | |
| Sprinklered |  | | Full or Partial | |  |  | | | |
| Burglar Alarm |  | | Local or Fully Monitored | |  |  | | | |
| Fire Alarm |  | | Local or Fully Monitored | |  |  | | | |
| Approved Dust Collection System |  | | Does it have spark detection & suppression technology? | |  | How often is it cleaned & serviced? | |  | |
| Approved Spray or Paint Booth? |  | | How often is it cleaned & serviced? | |  |  | | | |
| Other Protection? |  | | | | |  | | | |

1. Does applicant have any process used that generates grain or other dust including metal dust?  Yes  No

Describe measures to prevent explosion:

1. What are the types and amounts of hazardous substances used in the insured's process and how are such chemicals stored?

1. Does applicant do the finishing / coating / spray painting of the product?  Yes  No
2. Does applicant have any specialized equipment or programmable/robotic equipment?  Yes  No

What is the maximum value of the equipment? **$**

1. Does the applicant have a regular maintenance program in place for all equipment?  Yes  No

If YES, please provide details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| BUILDING COVERAGE | BF/NP | RC/ACV | DED | LIMIT |
| Building |  |  | **$** | **$** |
| Equipment |  |  | **$** | **$** |
| Office Contents |  |  | **$** | **$** |
| Stock |  |  | **$** | **$** |
| Sewer Back Up |  |  | **$** | **$** |
| Flood |  |  | **$** | **$** |
| Earthquake |  |  | **$** | **$** |
| Business Income |  |  | **$** | **$** |
| Equipment Breakdown |  |  | **$** | **$** |
| Installation Floater |  |  | **$** | **$** |
| Crime |  |  | **$** | **$** |
|  |  |  | **$** | **$** |
|  |  |  | **$** | **$** |
|  |  |  | **$** | **$** |
|  |  |  | **$** | **$** |
|  |  |  | **$** | **$** |
|  |  |  | **$** | **$** |
|  |  |  | **$** | **$** |
|  |  |  | **$** | **$** |
|  |  |  | **$** | **$** |

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and that this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

|  |  |  |
| --- | --- | --- |
| ­­­Broker Signature: | Date Signed: | Title: |
|  |  |  |
| Applicant Signature: | Date Signed: | Title: |
|  |  |  |