Please answer all questions completely. If no answer applicable, write “N/A” in the space provided.

Where space provided is insufficient to fully answer, please attach additional sheet(s).

Note: All monetary figures are to be reported in CDN dollars.

**GENERAL INFORMATION**

1. Named Insured: Policy Number:
2. Website:
3. Applicant is:

[ ]  Manufacturer [ ]  Manufacturer’s Agent [ ]  Distributer [ ]  Retailer [ ]  Importer [ ]  Exporter

1. Number of years under present ownership:
2. Have you ever engaged in this or a similar enterprise under a different name? [ ]  Yes [ ]  No

If YES, please explain:

1. Have you acquired, merged or discontinued any operations in past 5 years? [ ]  Yes [ ]  No

If YES, please explain:

1. For operations bought or sold, did you assume/retain the liabilities? [ ]  Yes [ ]  No

If YES, please explain:

1. Please list location of all premises, operations and occupancy of each:

1. Do you have any locations, operations outside of Canada? [ ]  Yes [ ]  No

If YES, please do you have any US or Foreign Liability policies currently in force? [ ]  Yes [ ]  No

1. Do you have any sales outside of Canada? [ ]  Yes [ ]  No

If YES, please specify products and states/countries sold in and % of sales in each:

1. Are you aware of any indirect sales of your product to the US or Foreign Countries? [ ]  Yes [ ]  No

If YES, provide details:

1. Do you have any on-line sales? [ ]  Yes [ ]  No Advise % of on line sales? **%**
2. 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 | **$** | **$** | **$** | TOTAL ANNUAL PAYROLL | **$** | **$** | **$** |

**PRODUCT INFORMATION**

ATTACH PRODUCT BROCHURES, CATALOGUES, LABELS, PRODUCT SAFETY SURVEYS OR ANY OTHER MATERIAL THAT WILL EXPLAIN OR CLARIFY YOUR PRODUCTS

1. Product Trade name(s):
2. Please complete for all products manufactured, assembled or distributed by you:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PRODUCT | YEARS INVOLVED | PRINCIPAL END USE | CANADIAN SALES % | USA SALES % | FOREIGN SALES % |
|  |  |  | **%** | **%** | **%** |
|  |  |  | **%** | **%** | **%** |
|  |  |  | **%** | **%** | **%** |
|  |  |  | **%** | **%** | **%** |

1. Please provide further details of products that generate the top 3 largest % of your sales:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PRODUCT NAME OR DESCRIPTION | CUSTOMER NAME | FAILURE RATE | DAILY PRODUCTION VALUES | DAILY PRODUCTION UNITS | MAXIMUM BATCH VALUE |
|  |  | **%** |  |  | **$** |
|  |  | **%** |  |  | **$** |
|  |  | **%** |  |  | **$** |

1. Please complete for all products distributed, exported or imported by you:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TYPE OF PRODUCT  | COUNTRY OF ORIGIN | NAME OF MANUFACTURER | DO YOU ASSEMBLE, REPACKAGE, RE-LABEL OR ALTER? | % OF GROSS REVENUE |
|       |       |       |       |   % |
|       |       |       |       |   % |
|       |       |       |       |   % |

1. Do you manufacture the complete product or complete component? [ ]  Yes [ ]  No

If NO, what parts do you purchase, who is the supplier and where are they located?

1. Are all products sold under your label? [ ]  Yes [ ]  No

If NO, provide details:

1. Do you have a process for the selection of suppliers? [ ]  Yes [ ]  No

If YES, advise:

Are audits performed on suppliers’ quality assurance programs? [ ]  Yes [ ]  No

Is supplier qualifications and performance documented? [ ]  Yes [ ]  No

Do you request proof of product Liability Insurance from suppliers of materials and components?

1. Is your product manufactured with Aluminum? [ ]  Yes [ ]  No

If YES, advise % of aluminum in product: **%**

1. Is off premises installation, repair, demonstration or service work performed? [ ]  Yes [ ]  No

If YES, please:

Describe type of work performed and provide revenue:

Advise if work is performed by you or do you hire subcontractors?

Will any installation be carried out in the USA? [ ]  Yes [ ]  No

1. Do you plan to introduce any new products in the next 12 months? [ ]  Yes [ ]  No

If YES, provide description:

1. What products have you ceased to manufacture in the past 10 years and why?

1. Have any of your products ever been subject to any inquiry or investigation by any government [ ]  Yes [ ]  No

agency concerning its efficiency, adequacy of labelling, hazardous contents or safety?

**If YES, attach details and the result of the inquiry with this questionnaire**

1. Do you manufacture or handle any product that is explosive, flammable or poisonous either by [ ]  Yes [ ]  No

itself or in combination with other materials?

If YES, provide details:

1. Is any sterile packaging involved? [ ]  Yes [ ]  No
2. Are any of your products classified as pharmaceuticals or cosmetics? [ ]  Yes [ ]  No
3. Could any of your products or services be used in connection with the following?

Aircraft, Missile, Aerospace or Defense? [ ]  Yes [ ]  No

Watercraft, Marine or Offshore? [ ]  Yes [ ]  No

Transportation? [ ]  Yes [ ]  No

1. Can the product manufactured by the insured be altered by the end user? [ ]  Yes [ ]  No

Are there any safety devices or labels that would prevent alterations? [ ]  Yes [ ]  No

If YES to either, provide details:

**PRODUCT DESIGN**

1. Are your products designed by you? [ ]  Yes [ ]  No

If YES, what are the qualifications of the designer:

If NO, who is responsible for the design?

Who signs off on change orders and the final design?

1. Do you maintain records of design changes and reasons justifying these changes? [ ]  Yes [ ]  No
2. Is your product manufactured in accordance with industry standards? [ ]  Yes [ ]  No

If YES, which standards apply? [ ]  ULC [ ]  CSA [ ]  OSHA [ ]  FDA [ ]  Other:

Are these standards voluntary or mandatory? [ ]  Yes [ ]  No

If mandatory, who enforces them and how often?

**QUALITY CONTROL**

1. Is there a quality control department or manager responsible only to the top management? [ ]  Yes [ ]  No
2. What type of product testing is performed?

1. What percentage of products are tested? **%**
2. How long are quality control and testing records and samples kept?
3. With respect to supplies and components:

Are they ordered to your specifications? [ ]  Yes [ ]  No

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

Please list all critical items, including whether testing is on a sample basis or on all units:

**QUALITY CONTROL FOR FOOD AND BEVERAGE (COMPLETE ONLY IF APPLICABLE)**

1. Are products certified to be free of certain allergens or ingredients (ie. peanuts, milk, wheat, etc.)? [ ]  Yes [ ]  No

If YES, describe allergen control program & program to prevent cross contamination of product:

1. Have you/applicant been cited for violations of any health or safety standard in past 5 years? [ ]  Yes [ ]  No

If Yes, provide details:

1. What precautions are taken to prevent the following:

Spoilage due to loss of refrigeration?

Contamination of product by foreign materials?

Infestation of the premises by rodents or insects?

**PRODUCT RECALL, WARNING AND WARRANTIES**

1. Can you identify your products and parts from similar competitors’ products and parts? [ ]  Yes [ ]  No

If YES, describe how:

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

When any given product was manufactured? [ ]  Yes [ ]  No

To whom it was sold and when? [ ]  Yes [ ]  No

Who supplied the parts and supplies going into the final product? [ ]  Yes [ ]  No

1. Have you ever recalled any of your products for any reason? [ ]  Yes [ ]  No

If YES, provide reasons, dates, list of products, and areas of product distribution:

1. Do you have a written procedure for the handling of complaints about your products and [ ]  Yes [ ]  No

accidents or injuries involving your products?

1. Are hazards inherent in the final product, and warnings against foreseeable misuse and [ ]  Yes [ ]  No

abuse, made known to the ultimate user?

If YES, is this done by:

Warning labels at the point of hazard? [ ]  Yes [ ]  No

Written Instructions? [ ]  Yes [ ]  No

Other? Describe:

1. Are instructions, warnings, labels and advertising texts subject to review to assure that [ ]  Yes [ ]  No

they are complete and understandable to the ultimate user?

If YES, is this done by: [ ]  Legal Counsel [ ]  Top Management [ ]  Other:

1. Do you provide any specific training or instruction for the ultimate user in the proper use of your product? [ ]  Yes [ ]  No

**If YES, submit copies of same**

1. Do you expressly disclaim or limit warranties? [ ]  Yes [ ]  No

Are all warranties a/o disclaimers reviewed by legal counsel? [ ]  Yes [ ]  No

**If YES, submit copies of all warranties and disclaimers.**

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: |
|  |       |       |