

Product Liability Questionnaire

Broker: _____

Policy Number: _____

1. Applicant

a) Full name of Applicant (include subsidiaries to be insured): _____

Website Address: _____

Applicant is: Manufacturer Manufacturer's Agent Distributor Retailer Importer

Other (describe): _____

b) Describe the products and operations for each named insured including inactive companies:

c) Identify any non-Canadian entities and provide details: _____

d) Location of all of your premises and operations – indicate operations/occupancy of each:

2. General Information

a) Date firm established: _____ Number of years under present: _____

b) Have you ever engaged in this or similar enterprises under a different name? Yes No

If yes, provide details: _____

c) Have you acquired, merged or discounted any operations in the last five years? Yes No

If yes, explain: _____

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

Details: _____

d) Your product trade name(s): _____

3. Revenue

	Previous Year	Current Year	Next Year (Estimates)	# Units Sold
Total				
Canada				
U.S				
Other				

- a) If U.S. and/or foreign sales, please specify products and states/countries sold in: _____

- b) Are you aware of any indirect sales of your product to the U.S? Yes No
 If yes, provide details: _____
- c) Do you have any locations or operations outside of Canada? Yes No
 If yes, provide details: _____
- d) Do you have any US Or foreign liability policies currently in force? Yes No
 If yes, provide details: _____
- e) What percentage of total revenue is replacement parts? % _____

4. Payroll

	Previous Year	Current Year	Next Year (Estimates)	# Employees
Total				
Canada				
U.S				
Other				

5. Product Information

Attach product brochures, catalogues, labels, product safety surveys or any other material that will explain or clarify your products.

a) Please complete for all products manufactured or assembled by you:

Product	Years Involved	Principal End Use	% of Gross Revenue

b) 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? _____

c) Do you subcontract out any manufacturing? Yes No

If yes, provide details: _____

d) Are all products sold under your label? Yes No

If no, provide details: _____

e) Please complete for all products distributed by you:

Type of Product Distributed	Country of Origin	Name of Manufacturer	Do you assemble, repackage, re-label or alter?	% of Gross Revenue
				%
				%
				%
				%

f) Is off premises installation, repair, demonstration, or service work performed? Yes No

If yes, describe and provide revenue: _____

Is work performed by you or do you hire subcontractors? _____

g) Are any of the following services performed for customers located outside of Canada

Installation? Yes No

Maintenance or servicing? Yes No

Supervision of installation or servicing? Yes No

If yes, describe and provide revenue: _____

Is work performed by you or do you hire subcontractors? _____

- h) Do you plan to introduce any new products in the next 12 months? Yes No
 If yes, attach description.
- i) What products have you ceased to manufacture in the past 10 years and why?
- j) Have any of your products ever been subject to any inquiry or investigation by any government agency concerning its efficiency, adequacy of labeling, hazardous contents or safety? Yes No
 If yes, attach details and the result of the inquiry.
- k) Do you manufacture or handle any product that is explosive, flammable, or poisonous either by itself or in combination with other materials? Yes No
 If yes, describe: _____

- l) Are any of your products classified as pharmaceuticals or cosmetics? Yes No
- m) Are any of your products or services used on or in connection with:
- | | | |
|----------------------------------|------------------------------|-----------------------------|
| Aircraft, Missile, or Aerospace? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Watercraft or Offshore? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Transportation or Rail? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Military or Defense? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
- Provide details on any yes answers: _____

- n) 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 alteration? Yes No
 If yes, provide full details: _____

6. Product Design

- a) 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? _____
- b) Do you maintain records of design changes and reasons justifying these changes? Yes No
- c) Is the product manufactured in accordance with industry standards? Yes No
 If yes, which standards apply? _____
 Are these standards voluntary or mandatory? _____
 If mandatory, who enforces them and how often? _____
- d) Is a research and development department maintained? Yes No

7. Quality Control

- a) Are quality control procedures in writing, complied with and audited? Yes No
 If no, explain: _____
- b) Is there a quality control department a/o manager? Yes No
 If yes, who do they report to? _____
 What are the manager's qualifications? _____
- c) What type of product testing is performed? _____
- d) What percentage of products are tested? _____

- e) Are incoming components or products subject to the same testing procedures? Yes No
 If no, what testing is performed? _____
- f) How long are quality control and testing records and samples kept? _____
- g) Are you a member of any industry standard association? Yes No
 If yes, provide details: _____
- h) What certifications does your firm have and how many years have you held that certification? _____

8. Product Recall

- a) Can you identify your products and parts from similar competitors' products and parts? Yes No
 If yes, describe how: _____
- b) 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
- c) Do you have a written product recall plan? Yes No
- d) 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: _____

- e) Do you have a written procedure for the handling of complaints about your products and accidents/injuries involving your products? Yes No
- f) Is a written record of all such complaints, accidents and injuries maintained? Yes No
 If yes, who is the individual responsible for maintaining these records? _____

9. Contracts

- a) Do you request proof of liability insurance from contractors and suppliers? Yes No
 If so, what limit of insurance do you require them to carry? _____
- b) If you are a distributor, does the manufacturer insure you? Yes No
 If so, what limit of insurance do they provide? _____
- c) Have you entered into any hold harmless agreements? Yes No
 If so, with whom and in whose favour? _____

10. Instructions, Warnings and Warrants

- 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, is this done by: _____
 Warning labels at the point of hazard? Yes No
 Written Instructions Yes No
 Other means? If so, describe: _____

- 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, is this done by: _____
 Legal counsel? Yes No
 Top management? Yes No
 Other means? If so, describe: _____
- c) Do you expressly disclaim or limit warranties? Yes No
- d) Are all warranties a/o disclaimers reviewed by legal counsel? Yes No
 If yes, 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?
 If yes, describe: _____

11. Prior Insurance and Claims History

- a) Do you presently carry insurance? Yes No
 If yes, who is present insurer? _____
 Premium: _____ Limit: _____
- b) Does the policy cover all of your operations? Yes No
 If no, which operations are not covered? _____
- c) Are present insurance claims made? Yes No
 If yes, state retro date: _____
- d) Is present insurer willing to renew? Yes No
 If no, explain: _____
- e) Prior claims (minimum 5 years loss 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	Reserve	Paid	Expenses	Deductible	Status (Open or Closed)

- f) Where applicable, what measures have been taken to ensure a similar loss does not occur? _____
- g) Are you aware of any other incidents which may result in claims against you? Yes No
 If yes, provide details: _____

The policy may be deemed to be void and claims may be deemed not covered where:

1. An applicant for a contract:
 - a. Gives false or erroneous information to the prejudice or 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 AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS

Signature of Applicant (or authorized representative): _____

Print Name and Title: _____

Date: _____

Signature of Broker: _____

Print Name and Brokerage Name: _____

Date: _____