# **MANUFACTURING, DISTRIBUTORS, RETAILERS APPLICATION**

BROKER: Agent/Broker:      \_\_ Tel No.:      \_\_\_\_

Address:      \_\_ Email:      \_\_\_\_

Quote Requested by:      \_\_ Effective Date:      \_\_\_\_

APPLICANT: Legal Name of Insured:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mortgagee(s):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Website:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Applicant is:  Corporation  Partnership  Individual  Other, specify:

The Applicant is:  Manufacturer  Distributor  Retailer  Other, specify:

PRIOR CARRIER INFORMATION: Previous Insurer(s):      \_\_ Policy No.:      \_\_\_\_\_ Expiring/Target Premium:      \_\_\_\_\_\_

Has the applicant or risk been cancelled, declined or refused insurance? Yes No Reason:      \_\_\_\_\_\_

Is this new business to your office?  Yes  No How long has Insured been in business?       Years

5 YEAR LOSS EXPERIENCE (date, paid/reserve amount, cause, open/closed):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Insurer** | **Paid/Reserve** | Open/Closed | Type and Clause of Loss |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**OPERATIONS:**

|  |
| --- |
| Description of Applicant’s operations and annual revenues / sales |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Operations** | **Projected Sales $** | **Last Year Sales $** | **% Canadian Sales** | **% U.S. Sales** | **% Other Sales** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Any premises or operations, such as offices, manufacturing plants, warehouses etc, outside Canada?  Yes  No

**If Yes**, please provide details including location address:

|  |
| --- |
|  |

**LIABILITY:**

PRODUCTS DESCRIPTION

Describe all products including discontinued items (provide year when discontinued). Attach any material that will explain or clarify your products, such as brochures, catalogues, labels, instruction manuals, annual reports, products safety surveys, etc.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Product** | **Years involved** | **Principal End Use** | **% Canadian Sales** | **% U.S. Sales** | **% Other Sales** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

List products acquired through acquisition or merger

|  |
| --- |
|  |

If you import products, state from where

|  |
| --- |
|  |

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

Do you make or handle any product that is explosive, flammable or poisonous either by itself

or in combination with other materials?  Yes  No

Could any of your products be classified as

Pharmaceuticals  Yes  No Cosmetics  Yes  No

Are any of your products sold under another’s name or label?  Yes  No

Do you purchase materials or components from others?  Yes  No

Do you require evidence of products liability insurance from them?  Yes  No

Do others assemble your products?  Yes  No

If assembly by others, do you supervise?  Yes  No

Do you perform any installations?  Yes  No

If installations by others, do you supervise or furnish instructions as to all installations?

(If yes please attach copy)  Yes  No

If installations by others do you require evidence of liability insurance? (If yes please attach copy)  Yes  No

Explain all of the Yes answers to above questions.

Loss Prevention/Quality Control

Have your products ever been subject to inquiry or investigation relative to product safety by

any governmental agency?  Yes  No

Do you do your own design work?  Yes  No

Are your designs subject to independent external review, testing or certification?  Yes  No

Do you require certificates of insurance from your suppliers?  Yes  No

If yes, what limit of liability do you require? $

Are instructions, warnings, labels and advertising texts subject to review of legal counsel or management?  Yes  No

Do you provide any specific training or instruction for the ultimate user?  Yes  No

Do you have a written products recall plan? (Are you able to identify when product was sold, when

manufacture and the supplier)  Yes  No

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

Do you have written testing procedures in place and are they followed?  Yes  No

Are instructions, warning labels and advertising texts provided to your customers?  Yes  No

Do you expressly disclaim or limit warranties for products?  Yes  No

Can your product be easily identified from your competitors?  Yes  No

Do you maintain copies of old instruction or operation manuals and advertising material?  Yes  No

**PROPERTY** (complete one page for each location requiring Property coverage)

LOCATION ADDRESS:

BUILDING INFORMATION: Year built:      \_\_ # of Stories:      \_\_ Sq Footage:      \_\_

CONSTRUCTION:  Frame  Masonry  Non-Combustible  Fire Resistive  Other *(Describe):*       *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

ROOF:  Concrete  Steel Deck  Tar & Gravel  Other *(Describe):*       *\_\_*

HEATING:  Central hot air  Central Hot Water  Suspended hot air  Electric  Woodstove  Other *(Describe)*:      \_\_\_\_\_\_\_\_\_\_

ENERGY:  Gas  Wood  Electric  Oil  Used Oil  Other *(Describe)*:      \_\_\_\_\_\_\_\_\_\_

AUX HEAT (if applicable):      \_\_\_\_\_\_\_\_\_\_

WIRING:  Fuses  Circuit Breakers  60 amp  100 amp  200 amp  Aluminim Wiring  Knob & Tube wiring

PLUMBING: Copper:      \_\_% PVC:      \_\_% Galvanized:      \_\_% Other:      \_\_% *Describe*:      \_\_\_\_\_\_\_\_

UPDATE INFO: Heating:      \_\_ Electrical:      \_\_ Plumbing:      \_\_ Roof:      \_\_

FIRE PROTECTION: Fire hydrant: Within 300m? Yes No Firehall: Within 5m/8km? Yes No  Volunteer  Paid

PRIVATE PROTECTION:# of Fire Extinguishers:       # of Smoke Detectors:      \_\_

Automatic Sprinklers? Yes No Connected to Central? Yes No

Burglar Alarm? Yes No Complete? Yes No Connected to Central? Yes No

|  |  |  |
| --- | --- | --- |
| OTHER OCCUPANCY: | | |
| Exposure | | | | | | | |
| Right |  | | Distance |  | pi | m |
| Left |  | | Distance |  | pi | m |
| Back |  | | Distance |  | pi | m |

##### **PROPERTY COVERAGES REQUIRED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **RCV** | **Fire & EC** | **AP** | **Deductible** | **Limit** |
| **PROPERTY** | | | | | |
| Building |  |  |  | $ | $ |
| Contents |  |  |  | $ | $ |
| Stock |  |  |  | $ | $ |
| Equipment |  |  |  | $ | $ |
| Office equipment |  |  |  | $ | $ |
| EDP |  |  |  | $ | $ |
| **BUSINESS INTERRUPTION** | | | | | |
| Rental income |  |  |  | $ | $ |
| Gross earnings |  |  |  | $ | $ |
| Gross earnings - Stdd form |  |  |  | $ | $ |
| Gross earnings – Profit form |  |  |  | $ | $ |
| Extra expense |  |  |  | $ | $ |
| **MISCELLANEOUS** | | | | | |
| Tools |  |  |  | $ | $ |
| Outdoor signs |  |  |  | $ | $ |
| **Others, specify:** |  |  |  | $ | $ |

##### **OTHER COVERAGES REQUIRED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CRIME** | | | | | |
| Robbery |  |  |  | $ | $ |
| Night deposit |  |  |  | $ | $ |
| Employee Dishonesty form A |  |  |  | $ | $ |
| Money and securities |  |  |  | $ | $ |
| Money Counterfeit |  |  |  | $ | $ |
| Depositors Forgery |  |  |  | $ | $ |
| **LIABILITY** | | | | | |
| Limit of liability |  |  |  | $ | $ |
| Tenant’s legal liability |  |  |  | $ | $ |

Additional Requirements :

|  |  |  |  |
| --- | --- | --- | --- |
| Yes  No | On an occurrence basis | | |
| Yes  No | Personal injury | | |
| Yes  No | Employees as Additional Insured | | |
| Yes  No | Blanket contractual liability | | |
| Yes  No | Contingent employers liability | | |
| Yes  No | Contractor’s protective liability | | |
| Yes  No | Non-owned automobile liability | | |
| Yes  No | Products and completed operations | | |
| Yes  No | Forest fire fighting expenses |  |  |
| Yes  No | Elevator liability | | |

**DECLARATION:**  I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts that would be likely to influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties. *Protection and Electronic Documents Act (PIPEDA)*

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Print name of proposed insured Signature of Applicant & Title Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Broker Date