

Supplemental CGL Products Liability Questionnaire

FOR PURPOSES OF THE *INSURANCE COMPANIES ACT (CANADA)*, THIS DOCUMENT WAS ISSUED IN THE COURSE OF LLOYD'S UNDERWRITERS' INSURANCE BUSINESS IN CANADA.

New Business Renewal

Broker: _____ Policy Number: _____

1. Name of Applicant: _____

a) Applicant's business is: (provide full details of activities for each named insured, including dormant, inactive companies)

b) Year business established: _____

c) Business Postal Address: _____ Postal Code: _____

d) Web-site address: _____

2. Location of all of Applicant's premises and operations – indicate Owner (O); Lessee (L); Tenant (T):

3.

	<u>Payroll</u>	<u>Revenue</u>
a) Past year	\$ _____	\$ _____
b) Next year estimate	\$ _____	\$ _____

4. Applicant is: Manufacturer Distributor Manufacturer's Agent Other _____

List all Applicant's products and name of manufacturer (if insufficient space, attach a complete product list)

Products	Manufactured By

Indicate final use of the manufactured component and if indirect sales are made to the U.S. Under "Other" below, indicate whose name product is sold under.

Applicant	Other

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

SUPPLEMENTAL CGL PRODUCTS LIABILITY QUESTIONNAIRE

If "Yes", provide full details. _____

5) Are sales brochures/catalogues available? Yes No

If "Yes", attach copies.

6) Are any of the above listed products or component parts used by the Applicant manufactured outside Canada?

Yes No If "Yes", provide details: U.S.A. Other – Specify: _____

7) If Applicant's products are manufactured by others, does the Applicant package, label, alter or test the products in any way?

Yes No If "Yes", provide details. _____

8) Describe and attach copies of any warranties or express guarantees which accompany products: _____

9) Describe any contracts where the Applicant has agreed to hold harmless any individual or organization: _____

10) Does Applicant maintain and/or service/install any products? Yes No If "Yes", attach a copy of the standard written service contract. _____

11) Are any products:	Yes	No	If "Yes", describe:
Flammable	<input type="checkbox"/>	<input type="checkbox"/>	_____
Explosive	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toxic	<input type="checkbox"/>	<input type="checkbox"/>	_____

12) Indicate areas of product distribution:

Canada _____%

U.S.A. _____% (Specify product and states): _____

Other _____% (Specify products by country): _____

13) Has any product been discontinued, or has a product recall been ordered, during the last five years? Yes No

If "Yes", provide reasons, dates, lists of products, and areas of product distribution. _____

14) Does the Applicant plan on introducing any new product(s) which will be marketed during the next 12 months? Yes No

If "Yes", provide details. _____

15) Describe product testing procedures: _____

16) Describe quality control structure and state to whom Quality Control Manager is directly responsible: _____

Are written records kept? Yes No

Are Products Certified? ULC CSA Other _____

17) Is the Applicant a member of any industry standard association? Yes No If "Yes", provide full details. _____

18) Does Applicant request proof of product liability insurance from suppliers of materials/components? Yes No

19) Can similar materials/components be identified as to suppliers? Yes No

20) Are all products labelled and marked in compliance with government regulations? Yes No

21) Are all products labelled clearly to indicate contents, instructions for use, warnings of potential hazard and emergency actions?

Attach copy of labels. Yes No

22) Are instruction manuals provided to indicate correct use, inherent hazards, maintenance requirements, assembly and installation precautions and other data relating to product safety? Attach copy of manuals. Yes No

SUPPLEMENTAL CGL PRODUCTS LIABILITY QUESTIONNAIRE

- 23) Is the product clearly marked to indicate method for safe disposal of package or container? Yes No
- 24) How are product rejects isolated/disposed of? _____
- 25) Are records maintained to verify the quality control program? Yes No
- 26) Are records available as to labelling, packaging and shipping instructions for all products? Yes No
- 27) Are records maintained of batches, lots, runs, etc., to enable identification of a particular group of products that may be found defective? Yes No
- 28) Are records kept of complaints and corrective action taken? Yes No
- 29) Does a product recall program exist? Yes No

If "Yes", describe procedures. _____

- 30) Describe all claims, including outstanding, and fees for the last five years including any accidents, facts, circumstances or allegations which may give rise to a claim: _____

- 31) What action has been taken to eliminate future accidents? _____

Who is the current insurer? _____ Policy No.: _____

- 32) Has any similar insurance applied for or carried by the Applicant been declined or cancelled by any insurer within the last three years? Yes No

If "Yes", provide details. _____

- 33) Have there been any incidents not yet reported to the insurer that may result in claims against you? Yes No

If "Yes", provide details. _____

THE UNDERSIGNED DECLARES THAT ALL STATEMENTS MADE IN THE QUESTIONNAIRE AND THE INFORMATION IN DOCUMENTS SUBMITTED WITH IT ARE TRUE. SIGNING OF THIS DOCUMENT DOES NOT BIND THE APPLICANT TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE QUESTIONNAIRE SHALL BE THE BASIS OF THE CONTRACT, SHOULD A POLICY BE ISSUED.

Date

Signature of Applicant