Anderson McTague & ASSOCIATES
Extra Strength Underwriting.

154 Prince William St.
PO Box 1500
Saint John NB, E2L 4K3
Canada

Products Liability Insurance Questionnaire

Name of Applicant: _____

Address: _____
(Number)   (Street)   (City)   (Province)   (Postal Code)

Applicant's Trade or Business: _____
_____
_____

Is Applicant an: Individual   Partnership   Corporation   Other (Details)
_____
_____

How long has Applicant been in business under present name? _____

Has Applicant operated under a different name in the past?   Yes   No
If yes, give details: _____
_____
_____

Location of all premises owned, rented, of controlled by Applicant	Part occupied by Applicant	Area in sq. ft.	Interest of Applicant in such premises (owner, tenant, etc.)

Operations:

Describe fully and break down the types of operations and work performed by the applicant:

Operations	Number of Employees	Estimated Annual Payroll

Does Applicant perform any operations in the United States?   Yes   No
If yes, give details: _____
_____

Does Applicant perform any operations outside of Canada and the United States?   Yes   No
If yes, give details: _____
_____

Are all Employees covered by Worker's Compensation?   Yes   No
If no, give details if Employers Liability Coverage is required: _____
_____

Occupation	Number of Employees	Annual Payroll

Does Applicant comply with all Workplace Hazardous Materials Information System (WHMIS) regulations?
☐ Yes   ☐ No
If no, Please explain: _____
_____

Estimated annual revenue for each amount manufactured, sold, handled or distributed by the Applicant:

Description of Product	Revenue		
	Canada	United States	Other/Specify

Does Applicant Manufacture the complete product?   Yes   No
If no, what component parts are purchased by applicant? _____
_____

Does Applicant assemble the product?   Yes   No

Does Applicant maintain and/or service the product?   Yes   No
If yes, start revenue from that source and attach a copy of the standard service agreement.

Does Applicant maintain quality control procedures?   Yes   No
If yes, please give brief outline of such procedures: _____
_____

Do all Applicants products manufactured or distributed meet applicable standards of CSA, ULC,WCB etc.?
    Yes   No
If no, give details: _____
_____

Does Applicant maintain complete inventory records, shipment records and/or delivery records to consignees and are serial batch numbers?   Yes   No

Shown on the finished product and on shipment invoices?   Yes   No

Can the date of manufacture of each product be identified by the factory number stamped on it?   Yes   No

Does Applicant keep samples of products involved in quality control procedures?   Yes   No

If yes, how long are the samples retained? _____
_____

Has Applicant ever recalled any product for any reason, been ordered to do so by any Government authority?
    Yes   No   (If yes, attach details)

Does Applicant have a product recall plan?   Yes   No   (If yes, attach details)

Are all products labeled and marked in compliance with Government regulations?   Yes   No

Has any product 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 results of the inquiry: _____
_____

Have any products been withdrawn or discontinued during the past five years?   Yes   No
If yes, give details: _____
_____
_____

Does Applicant plan on manufacturing any new products to be marketed within the next 12 months?
    Yes   No
If yes, give details: _____
_____

Do you install any of your products?   Yes   No
If yes give details: _____
_____

Are any of Applicant's products subject to deterioration?   Yes   No
If yes, over what period of time? _____

Are any of Applicant's products inflammable or explosive?   Yes   No
If yes, give details: _____
_____

Are any of Applicant's products toxic or poisonous either by themselves or in combination with other materials?
    Yes   No
If yes, give details: _____
_____

Do any of the products Applicant now sells, or has sold, contain asbestos?   Yes   No
If yes, give details: _____
_____

Does Applicant issue guarantees and/or warranties to purchasers?   Yes   No
If yes, what period does Applicant guarantee and/or warrant these products? _____
_____
Attach full details and copy of Applicant's form of guarantee or warranty.

Does Applicant agree to hold dealers or distributors or suppliers harmless against claims or suits for personal injuries or property damage in connection with Applicant's products?   Yes   No
If yes, attach copies of standard forms.

Are any of the above affiliated with you?   Yes   No
If yes, give details: _____
_____

If you are a distributor are you insured by the manufacturer?   Yes   No

Is Applicant's product accompanied by any written brochures, labels, instructions or other written statements?
    Yes   No

Are products labeled clearly to indicate contents, instructions for use, warning potential hazards and emergency action?
Yes   No

Are annual reports and/or product brochures available?   Yes   No   If yes, please attach.

Give details of all Liability insurance carried during the past three years:
Type of policy: _____

Claims Made	Occurrence	Policy Number	Company	Expiry Date	Limits

If the policy is subject to a Retroactive Date, give details: _____
_____

Give details of all claims brought against the Applicant during the past five years:
Amount: _____

Date of Accident	Paid	Outstanding	Details

Do these paid or outstanding amounts reflect any deductible provision(s) contained in existing or previous insurance policies?   Yes   No
If yes, to what coverage(s) does, did the deductibles apply and what is/was the deductible amount?
_____

Is the Applicant aware of any incidents, not yet reserved, that may result in claims against you?   Yes   No
If yes, give details: _____
_____

Limits of Insurance required:

Commercial General Liability: $_____

Each Occurrence Limit: $_____

Products-Completed Operations Aggregate Limit: $_____

Personal injury and Advertising Liability Limit: $_____

Tenants Legal Liability Limit: $_____ Any one premises

Medical Expense Limit: $_____ Any one person

Non- Owned Automobile: $_____
                                                 (inclusive limit for Bodily Injury and Property damage combined)

I/We declare that during the past five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application. I/We declare that the statements made herein are in every respect true and correct and herby apply for contract insurance to be based upon the truth of the said statements.

Signed by: _____   Date: _____

Position: _____

Broker: _____
        (Signing of this form does not bind the Applicant to complete the insurance)