



Since 1961, our MGA has been offering a broad range of insurance solutions for specialty, niche, program and hard-to-place business.

Quotes@swgins.com
www.swgins.com

MANUFACTURERS AND/OR DISTRIBUTORS SUPPLEMENTAL APPLICATION

This Supplemental Application must be submitted along with our main Security Service Liability Insurance Application

1. Applicant Name _____

2. Description of Operations		Estimated Annual Income	Payroll
<input type="checkbox"/> Alarm Systems	Total Sales	\$ _____	\$ _____
- Manufacturing		\$ _____	\$ _____
- Installation & Maintenance		\$ _____	\$ _____
- Monitoring		\$ _____	\$ _____
<input type="checkbox"/> Fire Protection System	Total Sales	\$ _____	\$ _____
- Manufacturing		\$ _____	\$ _____
- Installation & Maintenance		\$ _____	\$ _____
- Monitoring		\$ _____	\$ _____
TOTAL of above Services		\$ _____	\$ _____

3. a) Describe years of experience in this line of business _____

b) Address of other locations _____

c) Geographical area of operation _____

d) Does your firm provide, or anticipate any sales outside Canada? Yes No

If yes to the above question, please provide details _____

Does your firm provide, or anticipate any operations outside Canada? Yes No

If yes to the above question, please provide details _____

Annual of U.S.A sales or operations

Product	\$
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Other Countries _____

Product _____

\$ _____

\$ _____

4. Does your company sub-contract any operations to other companies? Yes No
If yes describe the operations sub-let

Indicate annual gross cost of sub-let work \$

Do your sub-contractors carry their own CGL insurance, including Failure to Perform Yes No

Coverage? Do you require liability certificates? Yes No

Does your company provide sub-contract work for other companies? Yes No

If yes list the names of these companies and confirm the operations performed

5. Are formal written contracts signed? Yes No

Do they contain a hold harmless agreement in your favour? Yes No

6. Do you handle explosives or gases away from your premises Yes No

Do you provide any welding away from your premises Yes No

If yes provide details and safeguards taken

7. PROVIDE A FULL LIST OF PRODUCTS AND SERVICES AND ATTACH BROCHURES.

8. Are all products U.L.C. listed and CSA approved? Yes No

9. Describe your quality control program:

Testing of incoming raw materials and components _____

Testing of final product or installation _____

Records kept: For # _____ of years

Completion of this application does not bind the Company to provide the insurance. It is agreed, however, that this application shall form the basis of the contract, should the policy be issued by the Company.

I declare that to the best of my knowledge and belief, all of the foregoing statements are true and that these statements are the declarations upon which an insurance policy may be issued.

Signature of Insured _____ Date _____

Title _____

SUBMITTED BY: _____

E-MAIL: _____

Please Note:

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 this information shall only be used or shared by the insurer 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. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.