

Toronto Office: 18 King St. E., Suite 300 Toronto, ON M5C 1C4
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

PRODUCT LIABILITY SUPPLEMENT TO ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE APPLICATION

CLAIMS MADE COVERAGE

Name of Applicant: _____

Supplemental to Environmental Application dated: _____

1. WHAT LIMIT OF LIABILITY DOES THE APPLICANT REQUEST?

Per claim: \$ _____

Annual Aggregate: \$ _____

2. WHAT SELF INSURED RETENTION IS REQUESTED?

Per claim: \$ _____

3. PLEASE ADVISE IF COVERAGE CURRENTLY IN PLACE? Yes No If Yes, please advise:

Form of coverage? Occurrence Claims Made

If Claims Made, what is the retroactive date? _____

Name of Insurer: _____

Limit of Liability: _____

4. DO THE PRODUCTS HAVE DIRECT POLLUTION EXPOSURES? Yes No

Are they designed to contain liquids, wastes or hazardous materials or to provide pollution control, mitigation or abatement services? Yes No _____

Is there a health hazard risk? Yes No _____

5. DOES THE APPLICANT SELL PRODUCTS DIRECTLY TO END USER OR THROUGH A DISTRIBUTOR?

Yes No If sold through a distributor, please identify: _____

6. DOES THE APPLICANT'S DISTRIBUTOR COMPLETE ASSEMBLY, RE-PACKAGE OR ALTER PRODUCT BEFORE DELIVERY TO END USER?

Yes No If Yes, please specify: _____

7. PRODUCTS PAST, PRESENT, FUTURE:

Please identify the Applicants past, current and future product lines (include products acquired through merger or acquisition):

PRODUCT/DESCRIPTION	START DATE	END DATE	SALES	UNITS SOLD #
			\$	
			\$	
			\$	
			\$	
			\$	

8. HOW LONG DOES THE APPLICANT MAINTAIN RECORDS OF PRODUCTS MANUFACTURED, SUPPLIERS, CUSTOMERS AND COMPLAINTS?

9. PLEASE LIST ALL TRADE NAMES THESE PRODUCTS HAVE BEEN MARKETED UNDER:

10. COULD ANY OF THE APPLICANT'S PRODUCTS BE COMPONENTS OR INGREDIENTS OF, OR USED IN CONNECTION WITH

Asbestos: _____

Explosives: _____

Pharmaceuticals, Vaccines: _____

Oil /Gas Products: _____

Remediation projects: _____

Hazardous chemicals or materials: _____

11. ARE ANY PRODUCTS EXPLOSIVE, REACTIVE OR FLAMMABLE IN THEIR OWN RIGHT OR IN COMBINATION WITH OTHER SUBSTANCES?

Yes No If Yes, please specify: _____

12. PLEASE LIST KEY SUPPLIERS ALONG WITH DESCRIPTION OF MATERIALS SUPPLIED AND LOCATION:

SUPPLIER	MATERIALS OR COMPONENTS SUPPLIED	LOCATION OF SUPPLIER
a)		
b)		
c)		

13. SUPPLY CHAIN MANAGEMENT:

a) Please describe who assembles, packages, installs, services and/or maintains product(s) on behalf of the Applicant:

b) Does the Applicant provide supervision or instruction on these functions? Yes No

c) Please describe quality assurance procedures in place governing suppliers, assemblers, packagers, installers and service providers assuring they operate to Applicant’s specifications:

14. QUALITY CONTROL AND TESTING:

a) Please describe quality control process and documentation policies:

b) Please describe tests performed on products prior to release to end user:

TESTS (DESCRIBE)	DOCUMENTATION	HOW LONG ARE RESULTS RETAINED?

15. PRODUCT RECALL:

a) Please describe products safety and recall plan:

b) Is a staff member(s) delegated to this plan? Yes No

c) Have any of the Applicant's products ever been recalled or subject to investigation by any government agency?
If Yes, please describe: _____

d) What is the applicant's typical batch size? Value _____ Number of units: # _____

e) How does the applicant identify and contrast its product(s) from that of competitors?

16. PRODUCT DESIGN

a) Who designs the product(s)? _____

b) Are records of designs, design changes etc maintained? Yes No For how long? _____

c) Are designs vetted and/or tested by a third party prior to production? Yes No Please describe:

d) Which standards do products adhere to?

17. WARNINGS AND WARRANTIES:

a) How are hazards to end users mitigated? Yes No

b) Are hazards to end users identified and warned against? Yes No Please describe:

c) Are warnings and instructions reviewed by counsel to assure efficacy? Yes No

d) How are warnings and instructions brought to the attention of end user?

e) Does the Applicant expressly disclaim or limit warranties for its products? Yes No

f) Does the Applicant provide any specific training or instruction for the ultimate user, in the proper use of its products?
 Yes No If Yes, please describe:

18. CLAIMS MANAGEMENT:

a) Does the Applicant have a written procedure for obtaining information about product complaints, accidents and injuries involving its products? Yes No Please describe:

b) Does this procedure provide for examining and preserving any allegedly defective product, with the results of such examination recorded? Yes No Please describe:

c) Is the applicant aware of any incidents, conditions, circumstances, defects or suspected defects which could reasonably be expected to give rise to a claim against this policy? Yes No If Yes, please provide complete details:

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THIS SUPPLEMENT TOGETHER WITH THE ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE APPLICATION TO WHICH IT IS ATTACHED, CONSTITUTE THE APPLICANTS REPRESENTATIONS AND WILL FORM THE BASIS OF ANY POLICY THAT MAY BE ISSUED.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____



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