



Manufacturers & distributors

Application form

Canada



INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the Manufacturers and Distributors policy. Completion of this application form does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance.

Important: Insuring Clauses 1, 2 (SECTION G only), 3 and 6 (SECTIONS A and B only) of this Policy provides cover on a claims made basis. Under these Insuring Clauses a claim must be first made against the Insured and notified to us during the period of the policy to be covered. These Insuring Clauses do not cover any claim arising out of any actual or alleged wrongful act occurring, in whole or in part, before the Retroactive Date.

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant company and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

If you require any extra room to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return directly to your insurance broker

SECTION 1: COMPANY DETAILS

1.1 Please provide the following details:

Company:	
Address:	
Postal code:	
Year of establishment:	Website:

1.2 Please describe the products manufactured or distributed by you:

1.3 Please describe any professional services that you provide:

1.4 a) Please state how many directors / officers / partners there are in the company?

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b) Please provide details of all the directors, officers and partners:

Name	Years in position	Years experience	Qualifications
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1.5 Please state the number of employees in the company:

1.6 Please state:

a) your total estimated payroll for the current year:

b) the percentage of your payroll that relates to work away from your premises:

 %

c) the percentage of manual work:

 %

1.7 Please briefly describe below the nature of your business activities:

If you have a brochure, or company literature, please attach to this form.

1.8 Please state the percentage split of your income generated in the categories listed below:

	Last complete financial year		Estimate for current financial year		Estimate for next financial year	
	Manufacturing or distribution	Professional services	Manufacturing or distribution	Professional services	Manufacturing or distribution	Professional services
Canada:	\$	\$	\$	\$	\$	\$
USA:	\$	\$	\$	\$	\$	\$
Other territories:	\$	\$	\$	\$	\$	\$
Total:	\$	\$	\$	\$	\$	\$

Date of company financial year end:

SECTION 2: PRODUCT INFORMATION

2.1 Please provide further details of products that generate the largest % of your sales:

Product name/description	Customer name	Failure rate	Daily production values	Daily production units	Maximum batch value
		%	\$		\$
		%	\$		\$
		%	\$		\$

2.2 In the next 12 months are you planning to launch a new product?

If 'yes', please provide details including a description, projected release date and projected annual sales, continue on the ADDITIONAL INFORMATION page if necessary:

 Yes

 No

2.3 Please state your annual revenue for your three largest products in the following territories:

Product description	Canada	USA	Other territories
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

2.4 Do you import products from territories outside of Canada and USA?

Yes No

If 'yes', please state:

a) the territories from where you import these products:

b) whether you maintain full rights of recourse against suppliers:

Yes No

c) whether you ensure that your suppliers have their own products liability insurance?

Yes No

If yes, what is the minimum limit of liability that your supplier must purchase?

2.5 Are any of your products incorporated into marine craft, aircraft, aerospace craft, nuclear devices, nuclear systems or automobiles?

Yes No

If 'yes', please provide details:

2.6 If your business activities include printing, what is the re-print percentage for erroneous batches?

2.7 Have you ever or are planning to recall any product?

Yes No

If yes, please provide details:

2.8 Do you provide a guarantee for the performance, durability or quality of your products?

Yes No

If yes, please provide details:

2.9 Do you provide an extended warranty with any of your products?

Yes

No

If yes, please provide details:

SECTION 3: QUALITY ASSURANCE

3.1 In respect of your products:

a) Do they meet all applicable product safety standards for the territories you sell into?

Yes

No

N/A

Please attach a sample copy of your product safety standard certificates.

b) Are they labelled with all applicable product safety warnings?

Yes

No

N/A

c) Are they supplied with clear instructions?

Yes

No

N/A

If you have answered 'yes' to b) or c) above, please provide details on whether these are inspected and approved prior to sale or distribution, including who undertakes this process (e.g. legal counsel or quality assurance team).

3.2 Do you have a written emergency product recall procedure?

Yes

No

If 'yes', please attach a copy to this application.

SECTION 4: CONTRACT INFORMATION

4.1 Do you carry out work only under a written contract signed by every client?

Yes

No

If 'yes', please supply a copy of your standard form of contract or typical examples of contracts used.

If 'no', explain in what circumstances, and why:

4.2 Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract?

Yes

No

If 'yes', explain what percentage of your contracts this is applicable to and what these are capped at:

4.3 Will you be responsible for any installation work?

Yes

No

If 'yes', will:

a) any installation work be carried out in the USA?

Yes

No

b) this work be contracted?

Yes

No

4.4 Do you employ bona-fide sub contractors (BFSC)?

Yes

No

If 'yes', please state:

- a) what approximate percentage of your revenue, in your current financial year, will be paid to BFSC:
- b) whether you sign reciprocal hold harmless agreements? Yes No
- c) whether you ensure that BFSC have their own general liability insurance? Yes No
- d) if 'yes' to c) above, what is the minimum limit of liability that BFSC must purchase?

SECTION 5: CYBER & PRIVACY

Only complete this section if you require cyber & privacy cover

- 5.1 Do you have anti-virus software installed and enabled on all desktops, laptops and servers (excluding database server) and it is updated on a regular basis? Yes No
- 5.2 Do you have firewalls installed on all external gateways? Yes No
- 5.3 Do you take regular back-ups (at least weekly) of all critical data and store the same offsite or in a fireproof safe, or does your outsourced service provider meet this requirement? Yes No
- 5.4 Have you conducted a review of the business to ensure compliance with all relevant HIPPA legislation? Yes No
- 5.5 Do you ensure that all Protected Health Information (PHI) transmitted over open networks or stored on portable devices is encrypted? Yes No
- 5.6 Do you process or store credit card information? Yes No

SECTION 6: PREMISES DETAILS

Only complete this section if you require property damage or business interruption cover.

6.1 Please provide the following details of your premises:

Address: _____

Postcode: _____

6.2 Please state:

- a) the purpose of the premises (e.g. office, warehouse, etc.):
- b) when approximately the premises was:
 - i. built
 - ii. last renovated:
- c) how the premises is constructed:

Brick veneer: <input type="checkbox"/>	EIFS: <input type="checkbox"/>	Fire resistive: <input type="checkbox"/>	Frame: <input type="checkbox"/>	Heavy Timber: <input type="checkbox"/>
Joisted masonry: <input type="checkbox"/>	Masonry non – combustible: <input type="checkbox"/>	Non-combustible: <input type="checkbox"/>	Semi-fire resistive: <input type="checkbox"/>	Stucco: <input type="checkbox"/>
- d) when approximately the roof of the premises was last renovated:

e) how the roof is constructed:

Concrete/clay tiles Membrane: Metal sheeting: Shingles: Wind resistive shingles:

Other (please explain):

Please continue on additional information page if more than one premises is to be insured.

6.3 Please state whether the premises:

a) is detached:

Yes No

If no, please state what measures are in place to protect the premises from damage if there is a fire in a neighboring property:

b) is self-contained with a lockable entrance door:

Yes No

If no, please provide details on alternative security:

c) contains other external doors:

Yes No

If yes, please state the type of locking system:

A key operated security bolt: a panic bar locking system:

d) has lockable opening windows on all levels:

Yes No

If yes, please state the type of locking system:

Secured by a key operated locking device: N/A (i.e. permanently sealed shut):

e) is protected by central station intruder alarm systems which are connected to all windows and doors and is subject to an annual maintenance contract:

Yes No

f) is protected by exterior and interior cameras:

Yes No

g) is overseen by 24 hour guards:

Yes No

NOTE: we may refuse to pay a claim if all of the devices for the security of your premises including locks and the intruder alarm are not in full and effective operation whenever the premises are closed for business or otherwise left unattended.

h) is free from cracks or other sign of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes:

Yes No

i) is in an area free from flooding and not near the vicinity of any rivers, streams or tidal waters:

Yes No

j) is heated by one of the following methods: conventional electric, gas, oil or solid fuel heating systems:

Yes No

k) is fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied:

Yes No

l) has lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements:

Yes No

m) is fitted with sprinklers or another form of automatic fire suppression throughout:

Yes No

n) has a back-up system for the electrical supply:

Yes No

NOTE: If you have answered 'yes' to k) or l) above, it is important to keep records of all the relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered 'no' to any of c) – n) above, then please provide further details below:

6.4 Do any of the listed premises contain composite or sandwich panels? Yes No

If yes, please provide details:

6.5 Do any of the listed premises contain aluminium wiring? Yes No

If yes, please provide details:

6.6 Do you maintain written and electronic records of all stock? Yes No

If yes, please provide details:

6.7 Would you like a quotation for earthquake cover? Yes No

6.8 Would you like a quotation for flood cover? Yes No

SECTION 7: INSURANCE REQUIREMENTS

7.1 Please provide details of your current insurance:

	Insurer:	Limit:
Errors & Omissions:	<hr/>	<hr/>
General liability:	<hr/>	<hr/>
Professional services liability:	<hr/>	<hr/>
Business interruption:	<hr/>	<hr/>

7.2 Please provide details of your required limits:

	Required limit:
Errors & omissions:	_____
General liability:	_____
Professional services liability:	_____
Business interruption	_____

7.3 Please provide details of the amounts to be insured for your premises:

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

	Amount insured:
Building:	_____
Landlords fixtures & fittings:	_____
Fixed computers:	_____
Other office contents:	_____
Portable computers:	_____
Other portable equipment:	_____

7.4 When would you like your insurance to start?

DD / MM / YY

SECTION 8: CLAIMS EXPERIENCE AND INSURANCE HISTORY

AFTER FULL INQUIRY:

- a) are you aware of any circumstances, including any government or regulatory investigation, which may give rise to a claim under this policy, or
- b) have any directors or officers of the companies to be insured, or the companies themselves, been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body, or
- c) are you aware of any loss or damage, whether insured or not, that has occurred to any of the companies to be insured within the last 5 years?

With reference to questions a), b) and c) above:

Yes No

If the answer to the above is yes then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers, and the dates of all developments and payments.

SECTION 9: DECLARATIONS

- I declare that AFTER FULL INQUIRY the information provided in this application form is true and complete and that I have not mis-stated or suppressed any material fact.
- I undertake to inform underwriters of any material alteration to these facts occurring before the inception of the Policy.

Signed: _____	Full name: _____
Position held: _____	Date: DD / MM / YY _____

ADDITIONAL INFORMATION:

A large, empty rectangular box with a thin black border, intended for providing additional information.