

HEALTH & BEAUTY - MANUFACTURERS & WHOLESALERS APPLICATION FORM

BROKER INFORMATION:

Name: _____ Contact: _____
 Address: _____ City: _____ Postal Code: _____

PROPOSED COVERAGE EFFECTIVE DATE: _____

GENERAL INFORMATION

1. Name of Company: _____
2. Address: _____
3. Website Address: _____
4. Year in Business: _____
5. Number of Employees: _____
6. Have you ever operated under a different name? YES NO
 If YES, please provide name(s): _____
7. Are you aware of any circumstances, fact or situation that might result in a claim being made against you or any other person or any entity for whom coverage is being sought? YES NO
 If YES, please describe: _____

8. Previous Insurance Information:

Carrier	Limit	Premium	Policy Period

9. Have there been any losses in the past 5 years with regards to the lines of coverage you are applying for? YES NO
 If YES, please complete attached chart.

Date of Loss	Description of Loss	Amount Paid Incl. Reserve	Open/Closed

COMMERCIAL GENERAL LIABILITY COVERAGE

Description of Operations: _____

DESCRIPTION OF PRODUCT # Please Include years in circulation. Please indicate if they manufacture, alter or just distribute the product	Actual Gross Revenue for the past 12 months		Estimated Gross Revenue for the next 12 months	
	Canada	\$	Canada	\$
1. _____ <input type="checkbox"/> Manufacture <input type="checkbox"/> Alter <input type="checkbox"/> Distribute Only	Canada	\$	Canada	\$
	US	\$	US	\$
	Other	\$	Other	\$
2. _____ <input type="checkbox"/> Manufacture <input type="checkbox"/> Alter <input type="checkbox"/> Distribute Only	Canada	\$	Canada	\$
	US	\$	US	\$
	Other	\$	Other	\$
3. _____ <input type="checkbox"/> Manufacture <input type="checkbox"/> Alter <input type="checkbox"/> Distribute Only	Canada	\$	Canada	\$
	US	\$	US	\$
	Other	\$	Other	\$
4. _____ <input type="checkbox"/> Manufacture <input type="checkbox"/> Alter <input type="checkbox"/> Distribute Only	Canada	\$	Canada	\$
	US	\$	US	\$
	Other	\$	Other	\$
5. _____ <input type="checkbox"/> Manufacture <input type="checkbox"/> Alter <input type="checkbox"/> Distribute Only	Canada	\$	Canada	\$
	US	\$	US	\$
	Other	\$	Other	\$

1. How are your products distributed?
 Wholesalers ___% Direct to Consumer ___%
2. Does the Applicant's contracts with dealers, distributors, manufacturers, retailers or suppliers include a hold harmless agreement in favour of the Applicant? YES NO

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3. Does the Applicant purchase materials, components, or products from Third Parties (manufacturers, distributors, etc.)? YES NO
 If YES, please complete attached chart.

Item Description	Country of Origin	Certifications (ex. CSA, ULC, ISO)	Tests Performed by Insured/ Manufacturer to Determine Quality

4. Is evidence of products liability insurance required from those suppliers? YES NO
5. If the Applicant manufacturers or alters the product, do they maintain a written quality control program? YES NO
 Please give details or attach a copy: _____
6. Do all products (including labels) comply with Industry and Government standards? YES NO
7. Does Applicant maintain records of batch (i.e. run) numbers and do they have a product recall plan? YES NO
 Please give details: _____
8. Limit of Liability required: \$1,000,000 \$2,000,000 \$5,000,000 Other: \$ _____
9. Deductible required: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000

Declarations of Applicant: I declare that;

Insurance for the business has never been declined, cancelled or non-renewed by an insurer.
 The business does not own, manage or occupy any premises outside Canada.
 The business has no officers or employees who live or work more than half the time outside Canada.
 The business names shown include all subsidiaries and affiliates to be covered by this insurance.
 None of the work performed by the business has ever been recalled or withdrawn from use.

DECLARATION / CONSENT

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Printed Name: _____ **Position Held:** _____
Applicant's Signature: _____ **Date:** _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommercial@premiergroup.ca ****

Vancouver - T 604.669.5211 F 604.669.2667 London - T 519.850.1610 F 519.850.1614