

SECTION 1: APPLICANT INFORMATION

1. Name of Insured: _____
2. Mailing Address: _____
3. Phone: _____ Cell Phone: _____ Email: _____
4. Please describe the products manufactured or distributed by you:

5. Please describe any professional services that you provide:

6. Please state the percentage of your sales into the following territories:

Canada: _____ US: _____
 Europe: _____ Other: _____

7. Please state how many directors / officers / partners there are in the company? _____

8. Please provide details of all the directors, officers and partners:

Name	Years in Position	Years Experience	Qualifications

9. Please state the number of employees in the company: _____

10. Please state:

Your total estimated payroll for the current year: _____
 The percentage of your payroll that relates to work away from your premises: _____
 The percentage of manual work: _____

11. Please briefly describe the nature of your business activities:

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

12. Please state your income generated in the categories listed below:

	Last full financial Year		Current financial Year Estimate		Next financial Year Estimate	
	Manufacturers & Distributors	Professional Services	Manufacturers & Distributors	Professional Services	Manufacturers & Distributors	Professional Services
Work in Canada						
Work in US						
Work elsewhere						
Total						

Date of Company financial Year End: _____

SECTION 2: PRODUCT INFORMATION

1. Please provide further details of products that generate the largest percentage of your sales:

1	Product Name/Description: _____ Customer Name: _____ Failure Rate: _____ Daily Production Values: _____ Daily Production Units: _____ Maximum Batch Value: _____
2	Product Name/Description: _____ Customer Name: _____ Failure Rate: _____ Daily Production Values: _____ Daily Production Units: _____ Maximum Batch Value: _____
3	Product Name/Description: _____ Customer Name: _____ Failure Rate: _____ Daily Production Values: _____ Daily Production Units: _____ Maximum Batch Value: _____



2. In the next 12 months are you planning to launch a new product? Yes No

If **yes**, please provide details including a description, projected release date and projected annual sales:

Customer Name	Customer Location	Proportion of your annual Sales

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

Product Description	Canada	US	Europe	Other

4. Do you import products from territories outside of Canada, US, Australia, or Europe? 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? _____

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:

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

7. Have you ever or are planning to recall any product? Yes No

If **yes**, please provide details:

8. Do you provide a guarantee for the performance, durability and quality of your products? Yes No

If **yes**, please provide details:

SECTION 3: QUALITY ASSURANCE

1. In respect to 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).

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

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:

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:

3. In respect to installation:

- a) Is the insured responsible for any installation? Yes No
- b) Will any installation work be carried out in the US? Yes No
- c) Will this work be contracted? Yes No

4. Do you employ bona-fide sub-contractors (BSFC)? Yes No

If **yes**, please state:

a) What approximate percentage of your revenue, in your current financial year, will be paid to BSFC:

b) Whether you sign reciprocal hold harmless agreements. Yes No

c) Whether you ensure that BSFC have their own general liability insurance. Yes No

If **yes**, what is the minimum limit of liability that BSFC must purchase? _____

SECTION 5: CYBER & PRIVACY

Only complete this section if you require Cyber & Privacy coverage.

- 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
- Do you have firewalls installed on all external gateways? Yes No
- 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
- Have you conducted a review of the business to ensure compliance with all relevant HIPPA legislation? Yes No
- Do you ensure that all Protected Health Information (PHI) transmitted over open networks or stored on portable devices is encrypted? Yes No
- Do you process or store credit card information? Yes No

SECTION 6: LIMITS

	Insurer	Limit
Errors & Omissions		
Retroactive Date, if required		
General Liability		
Professional Services Liability		

When would you like your insurance to start? _____



SECTION 7: CLAIMS EXPERIENCE & 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 (relating to the products to be insured by this policy), 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 8: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk -Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

Applicant's Name (Please print)

Title/Position

Signature of Applicant

Date (MM/DD/YYYY)

BROKER CONTACT INFORMATION

Agent Name: _____ Brokerage Name: _____
 Email: _____ Address: _____
 Phone: _____ City / Province: _____
 Fax: _____ Postal Code: _____