



COMPLETION OF THIS FORM INDICATES YOUR CONSENT FOR PROCESSING YOUR PERSONAL INFORMATION. PLEASE REFER TO PAGE 6 FOR DETAILS ON OUR PRIVACY POLICY

PRODUCTS LIABILITY APPLICATION

Please read and complete the application in its entirety. Blanks &/or dashes are not acceptable and will delay consideration of this application. Answer all questions, if the question does not apply, indicate "N/A" in the space provided.

Applicant is: Individual Partnership Corporation Joint Venture Other: Specify _____

1. Name of Applicant _____

2. Address of Applicant _____
_____ Province _____ Postal Code _____

3. Name of Principals _____

4. Mailing address _____

5. How many years have you been in business under the present name? _____

6. Have you or your principals ever been in business engaged in this or similar enterprises under a different name? Yes No

If yes, please attach full details _____

7a. Location(s) where products are manufactured

b. Location(s) from which products are distributed directly by you:

8a. Provide complete description of the products to be insured (please attach relevant product brochures)

Name of product	Description

b. Of what materials or principal components are each of these products composed?

9. Do you manufacture the complete product(s)? Yes No
If NO, what raw materials and parts are purchased from others? _____

10. Do you assemble the products? Yes No
11. Do you maintain and/or service the products? Yes No

If YES, attach full details including a copy of your standard written service and receipts from this source

12. Product Design & Quality Control:

- a. Describe qualifications of personnel responsible for product design development

- b. Is product manufactured in accordance with industry standards? Voluntary Mandatory

What are these standards?

Who enforces them and how often? _____

- c. Process description _____

- d. Critical areas where human errors might occur

- e. Is there a quality control program and is it supported by management? _____

- f. How are the product rejects identified so that they do not become part of normal marketing?

- g. Are product tests made by a recognized laboratory or testing agency? _____
(give name of facility and basis for testing)

- h. Is the plant well controlled to prevent foreign substances from contamination products? _____

- 13a. Do you maintain complete inventory records? Yes No

Do you maintain complete shipments records? Yes No

Do you maintain records of delivery to consignees? Yes No

Are serial and/or batch numbers shown on the finished products? Yes No

Are serial and/or batch numbers shown on shipment invoices? Yes No

- b. Can the date of manufacture of each product be identified by serial number stamped on it? Yes No

- c. Do you keep samples of products involved in your quality control procedures? Yes No

If YES, how long are such samples kept? _____

- d. Are records maintained on complaints and corrective actions taken? Yes No

- 14a. Have you ever recalled any of your products for any reason? If yes attach details. Yes No

- b. Do you have a Product Recall Plan? Yes No

15. Has your product ever been subject to any inquiry or investigation by and Government concerning the efficiency, adequacy or labeling, hazardous contents or safety? Yes No

If YES, please attach full details of the results of such inquiry

16. What products have you ceased to manufacture during the past 10 years? _____

Attach descriptions and sales by year.

17. Do you plan to manufacture any new products to be marketed in the next 12 months? Yes No

If YES, please attach description.

18a. Is the original installation of products made by your employees? Yes No

b. If NO, does the installer supply parts not manufactured by you? Yes No

19. Provide details of products/general liability previously and currently carried:

Period	Carrier	Limit	Deductible	Premium
Past 12 months				
1st Prior Year				
2 nd Prior Year				

20. Provide revenue as follows:

	Sales Millions	Name of Product	Breakdown of Sales		
			CAN	US	OTHER
Estimated					
(Next 12 months)					
Past 12 Months					
1 st Prior Year					
2 nd Prior Year					

21 a. Set forth the percentage distribution of your products:

Canada _____ US _____ Other Please Specify _____

b. What percentage of sales are for replacement parts? _____

22. Estimated Payroll \$ _____

23. Are any of your products inflammable or explosive? If YES, attach details Yes No

24. What products do you distribute in original containers for direct consumption by the consumer?

25a Please attach hereto copies of all hold harmless and indemnity agreements if any, including agreements with your dealers and firms selling to you.

b. Are any of the above affiliated with you? Yes No

If Yes, please explain _____

c. If you are a distributor, are you insured by the Manufacturer? Yes No

26. In the event your product is accompanied by any written brochure, labels, instructions or other written statements, attach copies.

27a Are there any losses in the last five years? Yes No
 If yes, provide details of the losses. Show all amounts "net" of deductible:

Date of Loss	Cause of Loss	Amount Paid	Amount Outstanding

27b On a separate sheet, give full descriptive details of claims excess of \$25,000.00

28. Are you aware of any incidents not yet reserved that may result in claims against you? Yes No

29. Has any insurance company or underwriter ever refused to issue or cancelled your products liability insurance? Yes No

30. What limits of insurance do you desire? _____ Deductible _____

NOTICE CONCERNING PERSONAL INFORMATION

By soliciting insurance from South Western Insurance Group Limited, you agree and provide consent that your personal information, including that previously collected, will be collected, processed, used, communicated, transferred and retained for the following purposes:

- the communication with underwriters;
- the evaluation of claims;
- the analysis of business results;
- In accordance with SWG's privacy policy available at the bottom of this application and as per our website: www.swgins.com/page/privacy.htm
- the underwriting of policies;
- the detection and prevention of fraud;
- purposes required or authorized by law;

You can exercise your right to access your personal information in our possession, to have it rectified or to withdraw your consent by contacting us at PrivacyOfficer@swgins.com. Should you exercise your right to withdraw your consent to the communication or use of the information collected required to provide certain products or services, this would prevent South Western Insurance Group from being able to provide such products or services. Further information about South Western Insurance Group Limited personal information protection policy may be obtained by contacting our privacy officer at 416-620-6604.

WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. In the event that there is any material change in the answers given to the questions contained in this application prior to the inception of the policy, the applicant must notify the underwriters in writing and the underwriters may revoke, or effect changes to, the quotation provided. Signing of the proposal does not bind the undersigned to complete the insurance but it is agreed that this form, and any additional information/document provided in support thereof by the client and/or broker, shall be the basis of the contract should a policy be issued.

NEW BRUNSWICK RESIDENTS ONLY:

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

SIGNATURE			
Signature:		Date (mm/dd/yyyy):	
	(Authorized Representative)		
Name (please print):		Title/Position:	



Privacy Policy

South Western Insurance Group Limited is committed to protecting the privacy and the confidentiality of our brokers and their Insured's personal information. In order to comply with privacy legislation, we have developed this Privacy Policy. Any personally identifiable information about an Insured is considered personal information and will be treated in accordance with this Privacy Policy.

IDENTIFIED PURPOSES

South Western Group only collects, uses and discloses Personal Information for the following purposes:

- Offering and providing insurance and related products and services;
- Verifying the identity and the accuracy of personal information with government agencies, industry associations, or other Insurers;
- Analyzing, assessing and underwriting risks on a prudent basis;
- Investigating and paying claims;
- Detecting and preventing fraud or other illegal activities;
- Compiling statistics;
- Complying with the laws or the requests of law enforcement agencies or regulators.

In this Privacy Policy, the above list of Identified Purposes will be referred to as the 'Identified Purposes'.

THIRD PARTY DISCLOSURE

South Western Insurance Group may share information about you with third party companies, permitted by law. Such disclosures may include those that South Western feels are required to provide customer service, prevent fraud, perform research or comply with the law. Recipients may include South Western's family of insurance service companies, claims representatives, service providers, consumer reporting agencies, insurance agents and brokers, law enforcement, courts and government agencies. These parties may disclose the information to others as permitted by law.

PRIVILEGE & CONFIDENTIALITY NOTICE – Electronic Messages

Electronic mail or faxes and any files transmitted with them are confidential and may be privileged and are intended solely for the use of the individual or entity to whom they are addressed. If you have received this e-mail in error, please notify the sender immediately.

CONSENT

South Western Group relies on the following actions by our Brokers and Companies as indication of their consent from an Insured to our existing and future Personal Information practices:

- The Broker has voluntarily requested personal information from an Insured for the purpose of acquiring an insurance contract or related service or product;
- The Broker has the Insured's express consent or acknowledgement contained within a written, verbal or electronic application process;
- The Insured's consent solicited by our Companies or our Brokers is for a specified purpose;
- The Broker must provide the Insured with a copy of their privacy policy and must inform South Western Group of any withdrawal of this consent by an Insured;
- The Broker may obtain the Insured's consent through the Insured's authorized representative such as a legal guardian, agent or holder of a power of attorney.

If an Insured refuses to provide the Broker with certain Personal Information or withdraws their consent South Western Group may be unable to provide insurance coverage.

LIMITING COLLECTION AND RETENTION OF PERSONAL INFORMATION

South Western Insurance Group will only collect, use or disclose personal information that is necessary for the Identified Purposes or as required by law. We will retain personal information only as long as necessary for the fulfillment of the Identified Purposes. South Western may store certain data in jurisdictions outside of Canada and may share information with third party companies that are located outside of Canada.

ACCURACY

South Western Group requests our brokers to maintain the Insured's Personal Information as accurate, complete, and up-to-date as is necessary for the Identified Purposes.

SAFEGUARDS

South Western Group will protect the Insured's Personal Information by security safeguards appropriate to the sensitivity of the information. Safeguards will vary depending on the sensitivity, format, location and storage of the Personal Information.

ACCOUNTABILITY, OPENNESS AND ACCESS

South Western Group is responsible for all Personal Information under its control and has designated a Privacy Officer who is accountable to Senior Management for South Western's compliance with the Privacy Policy.

You may contact our Privacy Officer at PrivacyOfficer@swgins.com.

CHALLENGING COMPLIANCE

If any Broker is not satisfied with South Western's response to a privacy related inquiry or complaint, they may contact the Office of the Privacy Commissioner of Canada during business hours at [1-800-282-1376](tel:1-800-282-1376) or at www.privcom.gc.ca.

Please refer to the updated comprehensive version of privacy policy on our website: www.swgins.com/page/privacy.htm