### PRODUCTS -

### COMPREHENSIVE GENERAL LIABILITY APPLICATION

**Applicant’s Instructions:**

1. **Answer all questions. If the answer to any question is NONE, please state NONE. Do not use N/A or Not Applicable.**
2. **Please read carefully the statement at the end of this application.**
3. **APPLICANT Proposed Effective Date:** YY/MM/DD
4. Give the full name of applicant and subsidiary companies.

|  |
| --- |
| Type here |

1. Principal Address:

|  |
| --- |
| Type here |

1. List of locations & operations of each:

|  |
| --- |
| Type here |

1. Website:

|  |
| --- |
| Type here |

1. Corporation

Proprietorship

Partnership

Other (specify) : Type here

1. How many years has applicant been in business under the current name?

|  |
| --- |
| Type here |

1. Have any of the principals ever engaged in this or similar enterprises under a different name?

YES (If yes, attach details)

NO

1. **SPECIFICATIONS**

|  |  |
| --- | --- |
| 1. Limits of Liability | Type here |
| 1. Self-Insured Retention or Deductible (specify): | Type here |
| 1. Retroactive Date (if applicable): | Type here |
| 1. Has any insurer ever cancelled, restricted or refused to renew your products liability insurance? | |

YES (If yes, attach details)

NO

1. **PRODUCTS AND SERVICES:**
2. Describe your products and services. Show the number of years involved with each product.

|  |
| --- |
| Type here |

1. Give the name / industry of your three largest customers:

|  |
| --- |
| 1. Type here |
| 1. Type here |
| 1. Type here |

1. Products acquired via acquisition or merger: Type here

Did you retain liabilities for these products?  YES

NO

1. Have you discontinued any products?

YES If Yes, please state year discontinued and why: Type here

NO

1. Do you plan the introduction of any new products?

YES If Yes, please explain: Type here

NO

1. Does applicant retain the liability for any products or operations, which they no longer control?

YES If Yes, please explain: Type here

NO

1. Current and historical sales:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Year | Total  Sales | Main  Products | Percent  of total | Canadian  Sales | US  Sales | Other |
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1. Payroll : Type here # Employees: Type here
2. Has there been a significant change in your products or mix of products sold in the las 5 years?

YES If Yes, please explain: Type here

NO

1. Do you import products or component products?

YES If Yes, please explain: Type here

NO

1. Have you ever recalled products?

YES If Yes, please attach details.

NO

1. Have any of your products ever been subject to inquiry or investigation relative to product safety by a

governmental agency?

YES If Yes, please attach details.

NO

1. Can your products be identified from the products of your competitors?

YES If Yes, please explain how this is done: Type here

NO

1. Do you manufacture the complete product?

YES

NO If No, what components are purchased by you (describe): Type here

1. Do you assemble the product?

YES If Yes, please explain the process: Type here

NO

1. Do you maintain and / or service the product?

YES If Yes, please provide details: Type here

NO

1. Do you maintain complete inventory records of shipments and / or delivery to consignees?

YES

NO

1. If you are a distributor, does your name appear anywhere on the product, label or instructions?

YES

NO

1. Are any of your products intended for use on or in connection with:

Aircraft or missiles?  YES  NO

Watercraft?  YES  NO

Offshore operations?  YES  NO

Transportation?  YES  NO

1. **CLAIMS HISTORY:**
2. 5 years or more (Attach hard copy loss runs), total aggregate losses, from first dollar, including expenses.

Valuation date of loss information: Type here

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| CARRIER | TERM | # OF  CLAIMS | INDEMNITY  PAID | EXPENSES  PAID | INDEMNITY  RESERVED | EXPENSES  RESERVED | TOTAL  INCURRED |
|  |  |  |  |  |  |  |  |
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1. Are you aware of any other incidents, conditions, circumstances, defects, or suspected wich may result in claims against you?

YES If Yes, please give details: Type here

NO

1. Have you ever been involved or named in class-action, multi-claimant or multi-district litigation or lawsuits?

YES If Yes, please give details: Type here

NO

1. **LOSS PREVENTION / QUALITY CONTROL:**
2. Do you have a written products recall plan?

YES If Yes, please attach a copy

NO

1. Do you do your own design work?

YES

NO

1. Do you maintain records of design changes and reasons justifying these changes?

YES

NO

1. Are your designs subject to independent external review, testing or certification?

YES If Yes, please attach details.

NO

1. Are written testing procedures followed?

YES

NO

1. Are instructions, warning labels and advertising texts provided to your customers?

YES

NO

1. Do you provide any specific training / instruction for the ultimate user in the proper use of your product?

YES If Yes, please describe: Type here

NO

1. Do you require certificates of insurance from your suppliers?

YES If Yes, please indicate minimum limit acceptable: Type here

NO

1. Do you provide insurance to your distributors?

YES If Yes, please provide details: Type here

NO

1. Are your products designed, tested, labeled and manufactured to meet or exceed all industry or government standards?

YES

NO

1. **DECLARATION AND SIGNATURE**

By signing this application, the undersigned is attesting to the accuracy of the information provided. If any information provided by the applicant in this application is found to be false or misleading and would alter the Insurer’s decision to provide the insurance coverage applied for, it is agreed between the Insurer and the applicant that the coverage, if under binder or policy, is subject to immediate cancellation.

The undersigned acknowledges that any personal information contained in this application has been collected in accordance with all applicable privacy legislation.

The undersigned confirms that it has obtained the necessary consents to the collection, use, and disclosure of such information for the purposes of assessing the application for insurance, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Signature of Applicant Date

Title

Name of Broker