

Products Liability Insurance Questionnaire

Intact Insurance Company

Please fill out all applicable fields.	Policy Number
Broker Name	Broker Code

BASIC APPLICANT INFORMATION

Name of Applicant: _____			
Full Address: Apt # - Street # Street name			
PO Box _____		RR _____	
City _____	Prov./Terr. _____	Postal Code _____	
Website: _____			
Since when has the Applicant been in business (with current name)? _____			
Has the Applicant previously operated under any different names? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SUBSIDIARY COMPANIES

<input type="checkbox"/> No Subsidiary Companies	
<i>Provide complete details:</i>	
Name of Company: _____	Country: _____
Description of Operations: _____	

SUBSIDIARY COMPANIES

<input type="checkbox"/> No Subsidiary Companies	
<i>Provide complete details:</i>	
Name of Company: _____	Country: _____
Description of Operations: _____	

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<input type="checkbox"/> No Subsidiary Companies	
<i>Provide complete details:</i>	
Name of Company: _____	Country: _____
Description of Operations: _____	

APPLICANT'S BUSINESS OPERATIONS

Describe fully and break down each type of operation and/or work performed by the applicant:

Type of Operation: _____

of Employees: _____ Estimated Annual Payroll: _____ Location: _____

Are all employees covered by Worker's Compensation? ☐ Yes ☐ NoDoes the Applicant comply with all workplace Hazardous Materials Information Systems (WHMIS) regulations? ☐ Yes ☐ No**APPLICANT'S BUSINESS OPERATIONS**

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Type of Operation: _____

of Employees: _____ Estimated Annual Payroll: _____ Location: _____

Are all employees covered by Worker's Compensation? ☐ Yes ☐ NoDoes the Applicant comply with all workplace Hazardous Materials Information Systems (WHMIS) regulations? ☐ Yes ☐ No**PRODUCTS & REVENUES**

		Does the Applicant			Gross Revenue		
Description of Product	# of Units	Manufacture (completely)	Assemble	*Install, Maintain, Or Service	Canada	USA	Foreign
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

**If product is maintained and/or serviced by the Applicant, attach a copy of the standard service agreement.*

PRODUCT(S) INFORMATION

Does the Applicant maintain quality control procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all of the Applicant's products manufactured or distributed meet applicable standards of CSA, ULC, WCB, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant import any parts or components from outside of Canada or the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant re-package or re-label any products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant maintain complete inventory records, shipment records and/or delivery records to consignees and are serial and/or batch numbers shown in the finished product and on shipment invoices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the date of manufacture of each product be identified by the factory number stamped on it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant keep samples of products involved in quality control procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Applicant ever recalled any products for any reason or been ordered to do so by any government authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant have a products recall plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all products labeled and marked in compliance with government regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any product ever been subject to an inquiry or investigation by any government agency concerning its efficiency, adequacy of labeling, hazardous contents or safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have products been withdrawn or discontinued in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any products handled or sold by the Applicant include cannabis or cannabinoids in any form or quantity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant plan on manufacturing any new products to be marketed within the next twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the Applicant's products subject to deterioration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the Applicant's products inflammable, explosive, toxic or poisonous either by themselves or in combination with other materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant issues guarantees and/or warranties to purchasers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant agree to hold dealers or distributors or suppliers harmless against claims or suits for personal injuries or property damage in connection with the Applicant's products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the Applicant is a distributor, are they insured by the manufacturer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Applicant's product accompanied by any written brochures, labels, instructions or any other written statements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are products labeled clearly to indicate contents, instructions for use, warnings of potential hazards and emergency action?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If available, please attach annual reports and/or product brochures.

LOSS/CLAIMS HISTORY

☐ No losses/claims in the last 5 years.

List all losses/claims in the last 5 years, whether insured or not.

Date: _____	Status of Claim: _____	Amount Paid: _____	Amount Outstanding: _____
Description of Claim: _____			
To prevent recurrence, have any steps been taken or restrictions imposed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date: _____	Status of Claim: _____	Amount Paid: _____	Amount Outstanding: _____
Description of Claim: _____			
To prevent recurrence, have any steps been taken or restrictions imposed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date: _____	Status of Claim: _____	Amount Paid: _____	Amount Outstanding: _____
Description of Claim: _____			
To prevent recurrence, have any steps been taken or restrictions imposed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date: _____	Status of Claim: _____	Amount Paid: _____	Amount Outstanding: _____
Description of Claim: _____			
To prevent recurrence, have any steps been taken or restrictions imposed? <input type="checkbox"/> Yes <input type="checkbox"/> No			

INSURANCE HISTORY☐ No previous or other current insurance.

Has the Applicant had previous insurance declined or cancelled?

☐ Yes ☐ No

List any previous or current insurance during the past 5 years:

<u>Previous/Current?</u>	<u>Insurer</u>	<u>Policy #</u>	<u>Expiring Premium</u>	<u>Expiry Date</u>

LIABILITY LIMITS

Limits of Insurance Desired:

Each Claim:

Aggregate:

Deductible:

CREDIT CONSENT*Choosing to leave this box unchecked will not affect the Applicant's eligibility for coverage.*

I agree that Intact Insurance Company may obtain a credit score for underwriting purposes.

☐ I agree**APPLICATION AGREEMENT CLAUSE**

This is an application for insurance only. No insurance is in effect until coverage has been specifically agreed to and has been bound by Intact Insurance Company.

I/We declare that during the last five years, no Insurer has cancelled, declined or refused to issue insurance as applied for herein, unless previously declared in the application.

I/We declare that the statements made herein are in every respect true and correct and any contract of insurance will be based upon the truth of the statements.

ELECTRONIC SIGNATURE: I agree that by submitting this application online, I am electronically signing the application.

☐ I agree to these terms & conditions.

Name: _____

Title: _____

Signed by: _____

Date: _____

Name: _____

Brokers Signature: _____

Date: _____

Please save and/or print a copy of this form for your records.