

Intact Insurance Company

Supplementary Products Liability Insurance Questionnaire for Drugs, Medical Devices and Cosmetics

Operations

35. Name of Parent Company:

36. Does any of the insurance purchased by the above Parent Company afford coverage to the Applicant? ☐ Yes ☐ No

If yes, give details:

37. Which of the Applicant's locations listed in Question 8 are used for:

Manufacturing: Distribution: Research:

38. Indicate the percentage of the Applicant's operations which include the following:

Manufacturing: % Distribution: % Research: % Repair/Service: % Repacking/Relabeling: %

39. Question 11 requests Estimated Annual Revenue – *Please provide last five years Revenue:*

Year	Revenue	Canada %	U.S.A. %	Other %

40. Is Applicant affiliated in any way with Applicant's suppliers, distributors or clients? ☐ Yes ☐ No

If yes, give details:

Products

41. Please complete the following:

Product	% Gross Avenue	Manufacture		Distribute		Repackage	
		Yes	No	Yes	No	Yes	No
Class I – Pharmaceuticals:							
Hormones and Steroids		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccines		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injectables		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Products (other than above)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over the Counter		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Aids		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamins		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Supplements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (give details below)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Product	% Gross Avenue	Manufacture		Distribute		Repackage	
		Yes	No	Yes	No	Yes	No
Class II – Medical Devices:							
Expendable Surgical Equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instruments (excluding diagnostic)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Expendable Surgical Equipment (excluding implants)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Instruments and Equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic Devices (including prostheses)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Support Devices		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (give details below)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Product	% Gross Avenue	Manufacture		Distribute		Repackage	
		Yes	No	Yes	No	Yes	No
Class III – Cosmetics:							
Skin Preparations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair Preparations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perfumes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make-up		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deodorants and Anti-perspirants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Care Products		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (give details below)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total (Class I, II and III should equal 100%)							

Details:

Please attach a complete list of all products sold by the Applicant.

Please attach a copy of the most recent Annual Report.

42. Does Applicant repair or install any Class II products? ☐ Yes ☐ No

If yes, give details:

43. a) Do all products comply with Canadian Government regulations? ☐ Yes ☐ No

If no, give details:

b) For all sales outside Canada do all products comply with Foreign Government regulations? ☐ Yes ☐ No

If no, give details:

44. Has Applicant ever been cited for any violation of the Consumer Product Safety Act or any other Government law or regulation? ☐ Yes ☐ No

If yes, give details:

45. Does Applicant distribute any product which has been manufactured and/or packaged outside of Canada or the U.S.A.? ☐ Yes ☐ No

If yes, identify each product, percentage of revenue and country of origin:

46. Are any of Applicant's products sold sterile? ☐ Yes ☐ No

If yes, does Applicant sterilize or contract out?

If contracted out, does Applicant receive a Hold Harmless Agreement from each contractor?

47. Does Applicant design any Class III products? ☐ Yes ☐ No

If yes, give details:

48. Does Applicant distribute any product in bulk to wholesalers? ☐ Yes ☐ No

If yes, give details of products:

49. Is the Applicant manufacturing any products undergoing clinical investigation? ☐ Yes ☐ No

If yes, are these products the subjects of any human clinical trials? ☐ Yes ☐ No

50. Is the Applicant seeking coverage for any human clinical trials? ☐ Yes ☐ No

If yes, give details:

51. Does Applicant require Professional Liability coverage for any employees? ☐ Yes ☐ No

If yes, refer to Intact Haliar.

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for contract of insurance to be based upon the truth of the said statements.

Signed by: _____ Date: _____

Broker: _____

Signing of this form does not bind the Applicant to complete the insurance.