



Product Liability Questionnaire

New Quote ☐ Renewal ☐

Policy Number: _____

Name of Applicant (including subsidiaries): _____

Applicant is a: **Wholesaler** ☐ Complete sections 1, 3 and 4

Manufacturer ☐ Complete sections 2, 3 and 4

1. Wholesaler

List any products manufactured by third parties, but distributed by the applicant, and give products' country of origin including the % of total revenue:

Products	Country of Origin	Percentage
		%
		%
		%
		%
		%
		%

Does the applicant assemble, package, label or modify these products?

Yes ☐ No ☐

If yes, specify:

2. Manufacturer

Please list the products manufactured and the annual revenue per product.

Product Description	Revenue		
	Canada	USA	Foreign

Please list the main suppliers of the components and raw materials used in manufacturing the products:

Name of Company	Component/Raw Material	Country of Origin

Does the applicant subcontract out any aspect of the operations (including installations, repairs, manufacturing, etc.)?

Yes ☐ No ☐

If yes, list all activities contracted to a third party:

Does the applicant require proof of liability insurance from sub-contractors?

Yes ☐ No ☐

If yes, what limit of insurance do you require? _____

3. Sales

Provide a minimum of three (3) years revenue including prior year(s), current year and projected year(s):

Year	Revenue		
	Canada	USA	Foreign

4. Additional Information

Does the applicant have contractual agreements that contain insurance related clauses (hold harmless, additional insureds, blanket vendor, etc.) with dealers, distributors or suppliers?

Yes ☐ No ☐

If yes, please specify details and provide a copy of the contract:

Does the final product:

- Contain toxic, flammable, radioactive or explosive materials?

Yes ☐ No ☐

- Contain asbestos, silica or lead (including previous products sold in the past)?

Yes ☐ No ☐

- Contain cannabis or cannabinoids?

Yes ☐ No ☐

If yes, specify:

Does the product packaging include clear and precise instructions with respect to precautions, use and/or installation?

Yes ☐ No ☐

Does the applicant offer installation and/or repair services?

Yes ☐ No ☐

If yes, where is service provided? Applicant premises ☐ Customer premises ☐

If yes, please provide annual revenue from installation or repair services: _____

Are the applicant's products sold to or used by companies in the following industries?

Automobile ☐

Railways / Marine ☐

Medical / Cosmetics / Pharmaceuticals ☐

Aviation ☐

Safety Equipment ☐

Nuclear / Petroleum ☐

Children's Products ☐

Firearms / Explosives ☐

Mining ☐

Other ☐ Specify: _____

Do all products manufactured or distributed meet applicable standards of USE, ULC, WCB, WH, FM, ACNOR, etc.?

Yes ☐ No ☐

If no, please provide more details:

Do all products manufactured or distributed meet an international certification such as ISO, HACCP, etc.?

Yes ☐ No ☐

If no, please provide more details:

Product Recall

Does the applicant have formal product recall procedures in place?

Yes ☐ No ☐

Are the products marked and sales records maintained so that they can be quickly traced for recovery or destruction?

Yes ☐ No ☐

Has the applicant manufactured and sold any products within the past 5 years that were discontinued due to a defect or design flaw or has any product ever been subject to a recall, inquiry or investigation by any government agency?

Yes ☐ No ☐

If yes, please provide more details:

Quality Control

Does the applicant have a formal written quality control program in place?

Yes ☐ No ☐

If yes, is the product quality control testing overseen by a designated quality control engineer, department or 3rd party firm?

Yes ☐ No ☐

Date: _____ **Name of Broker:** _____