

# PRODUCT LIABILITY APPLICATION FORM

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

## PART 1 GENERAL INFORMATION

1.1 Name of Applicant (And all Subsidiaries): \_\_\_\_\_

1.2 Mailing Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Other Locations: \_\_\_\_\_

1.3 Describe business of Applicant and any subsidiaries: \_\_\_\_\_

1.4 The applicant is a:  Partnership  Corporation  Joint Venture  Other

1.5 The applicant is a:  Manufacturer  Wholesaler  Distributor  Retailer  Importer  Exporter

1.6 How long has applicant been in business under the above name? \_\_\_\_\_

1.7 Describe prior experience in this business under another name: \_\_\_\_\_

1.8 Are all employees covered under WSIB or Workers' Compensation?  Yes  No  
 If no, please list numbers by job description and estimated payroll: \_\_\_\_\_

Total payroll: \$ \_\_\_\_\_ No. of Employees: \_\_\_\_\_

1.9 Sales/Total Receipts: (In Canadian currency)

		Previous Year	Current Year	Estimates for Next Year
Product Sales	Canada	\$	\$	\$
Parts Sales	Canada	\$	\$	\$
Repair/Service	Canada	\$	\$	\$
Product Sales	USA	\$	\$	\$
Parts Sales	USA	\$	\$	\$
Repair/Service (Excl. warranty)	USA	\$	\$	\$
Warranty work	USA	\$	\$	\$
Product Sales	Other**	\$	\$	\$
Parts Sales	Other	\$	\$	\$
Repair/Service (Excl. warranty)	Other	\$	\$	\$
Warranty work	Other	\$	\$	\$
TOTALS		\$	\$	\$

\*\*Please list specific countries: \_\_\_\_\_

1.10 Are U.S. products sold directly by the applicant or through a distributor?

If a distributor, advise name and location:

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Any premises in the United States?  Yes  No  
If yes, please provide details:

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Any premises in the United States?  Yes  No  
If yes, please provide details:

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**PART 2 PRODUCT DESCRIPTION**

2.1 Please attach copies of brochures, catalogues, labels, instruction manuals, annual reports, products safety surveys and any material that will explain or clarify your products.

Product	Years Involved	Principal End Use	Canadian Sales (%)	U.S. Sales (%)	Other Sales (%)

2.2 (a) List products acquired through acquisition or merger:

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(b) Identify products planned for introduction in next 12 months:

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(c) List products discontinued and date discontinued:

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2.3 (a) Describe principal services:

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(b) If you import products, state from where:

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(c) Could any of your products or services be used on or in connection with:

Aircraft/Missiles/Aerospace?  Yes  No

Watercraft or offshore?  Yes  No

Transportation?  Yes  No

(d) Do you make or handle any product that is explosive, flammable or poisonous either by itself or in combination with other materials?  Yes  No

(e) Could any of your products be classified as: (a) Pharmaceuticals  Yes  No

(b) Cosmetics  Yes  No

(f) Are any of your products sold under another's name or label?  Yes  No

(g) Do you purchase materials or components from others?  Yes  No

(h) Do you require evidence of products liability insurance from them?  Yes  No  
Explain all of the "yes" answers to questions (f) to (h) inclusive:

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(i) Do others assemble your products?  Yes  No

(j) If assembly by others, do you supervise?  Yes  No

(k) Do you perform any installations?  Yes  No

(l) If installations by others, do you supervise?  
If yes, please attach copy.  Yes  No

(m) Do you furnish instructions for installations?  Yes  No

(n) For (h) and (i) above, do you require evidence of liability insurance?  
If yes, attach a copy of your standard service contract.  Yes  No

(o) Who packages and/or labels your products?

(p) Who supplies the packaging material?

(q) How are your products packed when sold?

(r) Is any sterile packaging involved?  Yes  No

(s) Do you package and/or label for others?  Yes  No

(t) Do you package under a trade name other than your own?  Yes  No

**PART 3**      **MARKETING**

3.1 Percentage of total sales to:

Wholesalers	%	Retailers	%	Consumers	%	Manufacturers	%
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3.2 Sales territory:

If more than 15% of your goods or services are consumed in any one city, state or country, explain and indicate percentage of total sales:

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3.3 Does applicant have the benefit of any hold harmless agreements in their favour relating to the products?  Yes  No

3.4 Does applicant provide any hold harmless agreements in favour of another party relating to the products?  Yes  No

**PART 4**    **LOSS PREVENTION**

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- 4.1 Have your products ever been subject to inquiry or investigation relative to product safety by any government agency?  
If yes, please attach full details.  Yes  No
- 4.2 Do you have a products recall plan?  
If yes, please attach.  Yes  No
- 4.3 Have you ever recalled products because of a potential product safety hazard?  
If yes, please attach details and indicate percentage of recovery.  Yes  No
- 4.4 Has your management issued a written policy statement on product safety which has been communicated to all employees?  
If yes, please attach.  Yes  No
- 4.5 Do you have a written products safety program for which specific individuals have responsibility for implementation?  
If yes, please attach copy or outline.  Yes  No

**PART 5**    **PRODUCT DESIGN**

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- 5.1 Do you do your own design work?  Yes  No
- 5.2 Do you maintain records of design changes and reasons justifying these changes?  Yes  No
- 5.3 Are your designs subject to independent external review or certification?  
If yes, please attach details and dates.  Yes  No
- 5.4 Are your products designed, tested, labeled and manufactured to meet or exceed all government and industry standards?  
Which standards apply?  ULC     CSA     OSHA     FDA     OTHER \_\_\_\_\_

**PART 6**    **QUALITY CONTROL AND TESTING**

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- 5.1 Are written testing procedures followed?  Yes  No
- 5.2 Do you have a quality control manager responsible only to top management?  Yes  No
- 5.3 Supplies and components:
  - (a) Are they ordered to your specifications?  Yes  No
  - (b) Have you determined which ones are critical to the safety of your final product?  Yes  No
  - (c) List those critical items, indicating whether testing is on a sample basis or on all units:  
\_\_\_\_\_  
\_\_\_\_\_
- 5.5 Final products:
  - (a) Briefly describe tests applied before sale:  
\_\_\_\_\_  
\_\_\_\_\_
  - (b) What percentage is tested? \_\_\_\_\_ %
  - (c) Are records of result of quality control tests kept so that you can identify at a later date what tests you applied to a given product at a given time?  Yes  No
  - (d) How far back to your records go?  
\_\_\_\_\_

**PART 7****INSTRUCTION/WARNINGS/ADVERTISEMENT/WARRANTIES**

- 7.1 Are hazards inherent in the final product, and warnings against foreseeable misuse and abuse, made known to the ultimate user?  
If yes, this is done by:
- (a) Warning labels at the point of hazard?  Yes  No
- (b) Written instructions?  Yes  No
- (c) Other means? (If yes, attach details)  Yes  No
- 7.2 Are instructions, warnings, labels and advertising texts subject to review to assure that they are complete and understandable to the ultimate user?  
If yes, this is done by:
- (a) Legal counsel?  Yes  No
- (b) Top management?  Yes  No
- (c) Other? (If yes, attach details)  Yes  No
- 7.3 Do you expressly disclaim or limit warranties for your products?  Yes  No
- 7.4 Are all warranties and/or disclaimers reviewed by legal counsel?  
If yes, please submit copies of all warranties and disclaimers.  Yes  No
- 7.5 Do you provide any specific training or instruction for the ultimate user, in the proper use of your product?  
If yes, please submit copies of all warranties and disclaimers.  Yes  No
- 7.6 Are salesmen and distributors aware of proper use, warnings instruction and do they instruct the purchaser/user?  Yes  No

**PART 8****LOSS CONTROL AND DEFENSE**

- 8.1 Explain how you can identify you products and parts from similar competitors' products and parts:
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- 8.2 Based on available records for all products you have sold, can you determine:
- (a) When any given product item was manufactured?  Yes  No
- (b) To whom it was sold, and the date of sale?  Yes  No
- (c) Who supplied parts and supplies going into the final product?  Yes  No
- 8.3 Do you expressly disclaim or limit warranties for your products?  Yes  No
- 8.4 Do you maintain copies of old instruction or operation manuals and advertising materials?  Yes  No
- 8.5 Accident procedure:
- (a) Do you have a written procedure for obtaining information about product complaints, accidents and injuries involving your product?  Yes  No
- (b) Have you made distributors or salesmen aware of your desire for prompt notice of all complaints, accidents and injuries involving your product?  Yes  No
- (c) Does your procedure provide for examining and preserving any allegedly defective product, with the results of such examination recorded?  Yes  No
- (d) Do reports on complaints, accidents, injuries, and the examination of products involved go to:
- (i) The person responsible for product safety?  Yes  No
- (ii) Top management?  Yes  No
- (iii) Legal counsel?  Yes  No

**PART 9 DOES APPLICANT PRESENTLY CARRY INSURANCE?**

9.1 Does applicant presently carry insurance?

Yes  No

If yes, who is present insurer?

Premium:

Limit:

Is present insurance Claims Made?  Yes  No

If Yes, state retro date:

Are they willing to renew?

Yes  No

If no, please explain:

Does the policy cover all operations of the Insured?

Yes  No

If no, please describe:

**PART 10 CLAIM HISTORY**

10.1 Include total costs from ground up for each claim, whether covered by insurance or not. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	Reserve	Paid	Expenses	Deductible	Status
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	

Are you aware of any other incidents which may result in claims against you?

If yes, give details:

**PART 11 NON-OWNED AUTOMOBILE**

11.1 Number of employees using their automobile on company business: Regularly:

Occasionally:

Estimated annual cost of hired automobiles:

\$

Estimated annual cost of automobiles operated under contract:

\$

(Please provide details):

**PART 12 ACCIDENT PREVENTION AND FIRST AID**

12.1 First Aid Post:

Doctors:

Full Time:

Part Time:

Nurses:

Full Time:

Part Time:

Fire alarm – other warning systems:

Is there a security officer or are there loss prevention engineers employed:

Yes  No

13.1 Please indicate limit(s) of liability required: \_\_\_\_\_

**NOTICE TO APPLICANT:**

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

**Applicants Signature:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_