

MANUFACTURERS/WHOLESALERS INSURANCE APPLICATION FORM

BROKER INFORMATION:

Name: _____ Contact: _____
Address: _____ City: _____ Postal Code: _____
How long have you known the insured? _____
Have you personally visited the insured premises? YES NO
PROPOSED COVERAGE EFFECTIVE DATE: _____

GENERAL INFORMATION

1. Name of Company: _____
2. Description of Operations: _____
3. Address: _____
City: _____ Province: _____ Postal Code: _____
4. Website Address: _____ Telephone: _____
5. Year in Business: _____ 6. Number of Employees: _____
7. Are all Employees covered by W.C.B.? YES NO
8. Company Structure: Individual Corporation Partnership Canadian Registered Other: _____
9. Have you ever operated under a different name? YES NO
If YES, please provide name(s): _____
10. Are you aware of any circumstances, fact or situation that might result in a claim being made against you or any other person or any entity for whom coverage is being sought? YES NO
If YES, please describe: _____
11. Have there been any losses in the past 5 years with regards to the lines of coverage you are applying for? YES NO
If YES, please describe or attach list. _____
Liability: _____

COMMERCIAL GENERAL LIABILITY COVERAGE

DESCRIPTION OF PRODUCT # Years in circulation, Description of End User	Actual Gross Revenue for the past 12 months		Estimated Gross Revenue for the next 12 months	
	Canada	\$	Canada	\$
1.	US	\$	US	\$
	Other	\$	Other	\$
	Canada	\$	Canada	\$
2.	US	\$	US	\$
	Other	\$	Other	\$
	Canada	\$	Canada	\$
3.	US	\$	US	\$
	Other	\$	Other	\$
	Canada	\$	Canada	\$

1. How are your products distributed?
Wholesalers __% Retailers __% Consumers __% Manufacturers __%

2. Does the Applicant agree to hold any dealers, distributors, manufacturers, retailers, or suppliers harmless against claims or suits in connection with the Applicant's product? YES NO

3. A.) Have any products been discontinued? YES NO
If YES, please explain why discontinued: _____
B.) Identify products planned for introduction in the next 12 months: _____

4. Are all the products manufactured or distributed by the Applicant certified:
 CSA ULC ISO 9000 GMP Other: _____

5. Does the Applicant maintain or service the product? YES NO
If YES, please describe: _____

6. Are any products used in or connected with the following? YES NO
 Aerospace Marine Nuclear Energy Pharmaceuticals Transportation Infants
If any of the above, please explain: _____

7. Are the Applicant's products sold under another's name or label? YES NO

8. Does the Applicant affix their name to another company's products? YES NO

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- 9. Are the Applicant's products assembled by others?
10. A.) Does the Applicant install any of their products?
11. Does the Applicant purchase materials, components, or products from Third Parties...
12. Is evidence of products liability insurance required from those suppliers?
13. Is the Applicant ever added to the Liability policy of a Supplier/Manufacturer?
14. Does the Applicant maintain a written quality control program?
15. Does the Applicant maintain a testing program?
16. Does Applicant maintain records of batch (i.e. run) numbers and do they have a products recall plan?
17. Does Applicant issue any guarantees or warranties to purchasers?
18. Limit of Liability required:
19. Deductible required:
20. NOA-SPF No. 6:
21. Tenants' Legal Liability:
22. Medical Expenses:
23. Employee Benefits:

UMBRELLA & EXCESS COVERAGE

1. Schedule of Underlying Insurance (List all General Liability, Automobile Liability or Excess/Umbrella Liability policies)

Table with 5 columns: Type of Policy, Policy Period, Limits of Coverage, Annual Premium, Insurer

- 2. Do you underlying policies afford coverage for the following:
Employee Benefits Liability
Employers' Liability
Forest Fire Fighting Expenses
Liquor Liability
Non Owned Auto
Products Completed Operations
Tenants Legal Liability
XCU Coverage
3. Do underlying policies afford coverage less than standard in any respect or do they contain any restrictive endorsement?
4. a) List the number, type and use of all owned or leased vehicles:
b) Operating into the U.S.?
c) Are vehicles used in the transportation of flammable, caustic or explosive substances?
d) Do the Primary Policies listed under Item 1a cover these exposures?
e) In which province(s) are vehicles registered?
f) Are any of the Primary Policies listed under Item 1a insured with the Facility Association?

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5. a) Does the Applicant operate a First-Aid facility, Hospital or Clinic? YES NO
 b) Is the individual liability of doctors and nurses, employed by the Applicant, covered by these policies? YES NO
 If YES, what limits are provided? _____
 c) Does the Applicant provide any consulting services to others for a fee? YES NO
 If YES, describe. _____
 d) Do the Primary Policies listed under Item 1a cover these exposures? YES NO
 If YES, what is the limit and scope of such coverage? _____
6. a) List the number, type and use of owned or chartered Watercraft the Applicant has or expects to have in the next twelve (12) months: _____
 b) Does the Applicant maintain a Waterfront Facility? If YES, describe fully. YES NO
 If YES, describe. _____
 c) Do the Primary Policies listed under Item 15a cover these exposures? YES NO
 If NO, explain. _____
7. a) List the number and type of owned, leased or chartered aircraft the Applicant has or expects to have in the next twelve (12) months: If YES, describe. _____
 b) Do Directors, Officers or Employees operate Aircraft while performing their duties on behalf of the Applicant? YES NO
 c) Does Applicant own or maintain a landing strip or hanger facility? YES NO
 d) Do the Primary Policies listed under Item 15a cover all Aircraft Liability exposures including Passenger Liability? YES NO
8. Does Applicant's operation involve the use of Radioisotopes or any other Radioactive Materials? YES NO
9. Does Applicant operate an industrial railroad? If YES, describe fully. YES NO

PROPERTY COVERAGE

Description of Applicants Key Premises (please attach a list of all other locations and note differences)

Premises Address (incl. postal code):			
Year Built:		Year last renovated/updated:	
Ground floor area (sq. ft.)		# of storeys:	
Floor construction:		Total floor area (sq.ft.):	
Wall construction:		Roof construction - Year Updated - _____	
Other occupancies:		If mixed construction please indicate percentage of each:	%
Mortgagee/Loss Payees:			

Fire Protection

Exposures:	Right:	Left:	Front:	Rear:
Sprinklers (in rack/roof only) please specify:	_____ of premises sprinklered:			
Sprinkler test certificate obtained?				
Sprinkler alarms:	If yes, name of alarm company: _____			
Smoke detectors	If yes, are they monitored:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Portable fire extinguishers:	Hydrants within 1,000 feet:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Responding paid fire dept. within 8 km:				
Automatic Fire Suppression System:	<input type="checkbox"/> Wet or <input type="checkbox"/> Dry <input type="checkbox"/> Semi-annual contract			

Crime Protection

Safe on Premises:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, burglary classification (from label):	
Burglar alarm system:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, are they monitored <input type="checkbox"/> or local <input type="checkbox"/>	
ULC Certificate #:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Alarm Extent Line	Line Security Level
Bars on windows:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Security guard on premises:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, full-time? <input type="checkbox"/> or part-time? <input type="checkbox"/>	
Fenced Yard	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Metal Bars/Grill Protecting all glass doors and windows	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Common Hazards and Exposures

Heating:	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Propane Gas <input type="checkbox"/> Wood <input type="checkbox"/> Other		Electrical:	<input type="checkbox"/> Fuses <input type="checkbox"/> Circuit Breakers	
	Explain:	Last Updated:		Last Updated:	

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Flammable Liquids:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, describe what & how are they stored?
Wiring:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, describe what & how are they stored?
Hazardous Materials:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, describe what & how are they stored?
Smoking permitted?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, describe arrangements:
Housekeeping: All waste is removed outside daily?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Oily rags are put in self-closing metal containers? <input type="checkbox"/> YES <input type="checkbox"/> NO
Spray Painting / Finishing:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Process/Cooking/Drying Ovens: <input type="checkbox"/> YES <input type="checkbox"/> NO
Propane Storage:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Dust Explosion Hazard: <input type="checkbox"/> YES <input type="checkbox"/> NO
Air compressors (over 50hp):	<input type="checkbox"/> YES <input type="checkbox"/> NO	Organic Peroxides: <input type="checkbox"/> YES <input type="checkbox"/> NO
Tire Storage:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Rack Storage (height in feet.) <input type="checkbox"/> YES <input type="checkbox"/> NO
Metal Grinding/Welding:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Aerosols: <input type="checkbox"/> YES <input type="checkbox"/> NO

Other (please describe): _____

Do you require Building & Machinery Coverage? YES NO Include Production Machinery? YES NO

	Insured Limits		Insured Limits
Building	\$	Sewer Back Up Limit:	\$
Stock	\$	Rental Income	\$
Equipment	\$	Business Interruption Profits	\$
Office Contents	\$	Extra Expense	\$
EDP	\$	Valuable Papers	\$
Transit	\$	Account Receivable	\$
Flood Limit	\$	Professional Fees	\$
Earthquake Limit	\$	Other:	\$

Declarations of Applicant: I declare that;

Insurance for the business has never been declined, cancelled or non-renewed by an insurer.
 The business does not own, manage or occupy any premises outside Canada.
 The business has no officers or employees who live or work more than half the time outside Canada.
 The business names shown include all subsidiaries and affiliates to be covered by this insurance.
 None of the work performed by the business has ever been recalled or withdrawn from use.

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada.

Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Printed Name: _____ Position Held: _____
 Applicant's Signature: _____ Date: _____