

WHOLESALE'S AND DISTRIBUTOR'S QUESTIONNAIRE – RENEWALS



Broker	Policy No.
Insured	Expiry Date

Provide the following information for each insured.

1. Next year estimate: Payroll \$ Revenue \$

2. Indicate areas of product distribution:	U.S.A.	% <input style="width: 50px;" type="text"/>	<i>(Specify product and states.)</i>
	Canada	% <input style="width: 50px;" type="text"/>	<i>(Specify product and states.)</i>
	Other	% <input style="width: 50px;" type="text"/>	<i>(Specify product and states.)</i>

3. Does the Insured consider selling or distributing new products? Yes No
 If "Yes", provide full details, including estimated percentage of revenue:

4. Does the Insured import products? Yes No
 If "Yes", describe product(s) and indicate country(ies) of origin and price(s):

5. Is the Insured directly or indirectly involved in any of the following operations? If "Yes", specify:

Assembly operations _____

Packaging operations _____

Labelling operations _____

6. Does the Insured sell products under his firm name? Yes No
 If "Yes", provide full details:

7. Does the Insured assume contractual liability for manufacturers or any other person involved in the channel of distribution?
 Yes No If "Yes", provide full details: _____

8. Has any product sale or distribution been discontinued, or has a product recall been ordered, during the last five years?
 Yes No
 If "Yes", provide reasons, dates, lists of products and areas of product distribution:

9. Is the Insured owner (O) or tenant (T) of premises located outside Canada? Yes _____ No _____
 If "Yes", provide the following information for each location:

Complete address: _____

Total area: <input style="width: 50px;" type="text"/> m ²	Area occupied by the Insured: <input style="width: 50px;" type="text"/> m ²	Construction type and age of building: _____
Premises occupancy by the Insured: _____		Premises occupancy by other parties: _____
Number of employees of the Insured: _____	Does the Insured carry an Employers' Liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Date: _____	Completed by: _____
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