



PRODUCT LIABILITY QUESTIONNAIRE

New Business Renewal

Broker: _____ Policy Number: _____

Name of Applicant: _____

1. a) Applicant's business is: (provide full details of activities for each named insured, including dormant, inactive companies)

b) Year business established: _____

c) Business Postal Address: _____ Postal Code: _____

d) Web-site address: _____

2. Location of all of Applicant's premises and operations – indicate Owner (O); Lessee (L); Tenant (T):

3.		Payroll	Revenue
a) Past year	\$	_____	\$ _____
b) Next year estimate	\$	_____	\$ _____

4. Applicant is: Manufacturer Distributor Manufacturer's Agent Other _____

List all Applicant's products and name of manufacturer (if insufficient space, attach a complete product list)

Products	Manufactured By
_____	_____
_____	_____
_____	_____
_____	_____

Indicate final use of the manufactured component and if indirect sales are made to the U.S. Under "Other" below, indicate whose name product is sold under.

Applicant	Other
_____	_____
_____	_____
_____	_____

Can the product manufactured by the insured be altered by the end user? Yes No

Are there any safety devices or labels that would prevent alteration? Yes No

If "Yes", provide full details.

5. Are sales brochures/catalogues available? Yes No If "Yes", attach copies.

6. Are any of the above listed products or component parts used by the Applicant manufactured outside Canada?

Yes No If "Yes", provide details: U.S.A. Other – Specify:

7. If Applicant's products are manufactured by others, does the Applicant package, label, alter or test the products in any way?

Yes No If "Yes", provide details.

8. Describe and attach copies of any warranties or express guarantees which accompany products:

Describe any contracts where the Applicant has agreed to hold harmless any individual or organization:

9. Does Applicant maintain and/or service/install any products? Yes No If "Yes", attach a copy of the standard written service contract.

10. Are any products:

	Yes	No	If "Yes", describe:
Flammable	<input type="checkbox"/>	<input type="checkbox"/>	_____
Explosive	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toxic	<input type="checkbox"/>	<input type="checkbox"/>	_____

11. Indicate areas of product distribution:

Canada _____%

U.S.A. _____% (Specify product and states):

Other _____% (Specify products by country):

12. Has any product 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.

13. Does the Applicant plan on introducing any new product(s) which will be marketed during the next 12 months?
Yes No If "Yes", provide details.

Describe product testing procedures:

14. Describe quality control structure and state to whom Quality Control Manager is directly responsible:

Are written records kept? Yes No
Are Products Certified? ULC CSA Other _____
Is the Applicant a member of any industry standard association? Yes No If "Yes", provide full details.

15. Does Applicant request proof of product liability insurance from suppliers of materials/components? Yes No

16. Can similar materials/components be identified as to suppliers? Yes No

17. Are all products labelled and marked in compliance with government regulations? Yes No

18. Are all products labelled clearly to indicate contents, instructions for use, warnings of potential hazard and emergency actions?
Yes No Attach copy of labels.

19. Are instruction manuals provided to indicate correct use, inherent hazards, maintenance requirements, assembly and installation precautions and other data relating to product safety? Yes No Attach copy of manuals.

20. Is the product clearly marked to indicate method for safe disposal of package or container? Yes No

21. How are product rejects isolated/disposed of?

22. Are records maintained to verify the quality control program? Yes No

23. Are records available as to labelling, packaging and shipping instructions for all products? Yes No

24. Are records maintained of batches, lots, runs, etc., to enable identification of a particular group of products that may be found defective?
Yes No

25. Are records kept of complaints and corrective action taken? Yes No

26. Does a product recall program exist? Yes No If "Yes", describe procedures.

27. Describe all claims, including outstanding, and fees for the last five years including any accidents, facts, circumstances or allegations which may give rise to a claim:

What action has been taken to eliminate future accidents?

28. Who is the current insurer? _____ Policy No.: _____

29. Has any similar insurance applied for or carried by the Applicant been declined or cancelled by any insurer within the last three years?

Yes No If "Yes", provide details.

30. Have there been any incidents not yet reported to the insurer that may result in claims against you? Yes No

If "Yes", provide details.

THE UNDERSIGNED DECLARES THAT ALL STATEMENTS MADE IN THE QUESTIONNAIRE AND THE INFORMATION IN DOCUMENTS SUBMITTED WITH IT ARE TRUE. SIGNING OF THIS DOCUMENT DOES NOT BIND THE APPLICANT TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE QUESTIONNAIRE SHALL BE THE BASIS OF THE CONTRACT, SHOULD A POLICY BE ISSUED.

Date

Signature of Applicant