

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: *(Specify product and states.)*

U.S.A.	%	_____	
Canada	%	_____	
Other	%	_____	<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: _____ m ²	Area occupied by the Insured: _____ m ²	Construction type and age of building:
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Premises occupancy by the Insured:	Premises occupancy by other parties:
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Number of employees of the Insured:	Does the Insured carry an Employers' Liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date:	Completed by:
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