

MANUFACTURER'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.	%	<input style="width: 80%;" type="text"/>
Canada	%	<input style="width: 80%;" type="text"/>
Other	%	<input style="width: 80%;" type="text"/>

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

4. a) Are subcontractors involved in any part of the manufacturing process? Yes No
 If "Yes", provide full details: _____

b) Does the Insured request proof of third party liability insurance from subcontractors? Yes No
 c) Does the Insured assume contractual liability for subcontractors? Yes No

5. a) Does the Insured install any products? Yes No
 If "Yes", indicate the estimated percentage of revenue produced by these operations: %
 b) Does the Insured install any products outside Canada? Yes No
 If "Yes", provide full details: _____

c) Is any installation performed by subcontractors? Yes No
 d) If "Yes", does the Insured request proof of third party liability insurance from subcontractors? Yes No

6. 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:

7. Does the Insured import any components for product manufacturing? Yes No
 If "Yes", describe component(s) and indicate country(ies) of origin:

8. 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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