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## PRODUCT LIABILITY APPLICATION

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant:**

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**Mailing Address:**

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**Website Address:**

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2. **Description of Operations:**

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**Other Locations:**

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3. Describe business of Applicant and any subsidiaries:

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4. The Applicant is  Partnership Other  Joint Venture  Corporation  a:

5. The Applicant is  Manufacturer Retailer  Wholesaler  Distributor  a:  
 Importer Exporter

6. How long has Applicant been in business under the above name?  
 \_\_\_\_\_

7. Describe prior experience in this business under another name:  
 \_\_\_\_\_

8. Are all employees covered under WSIB or Worker's Compensation?  Yes  No

If No, please list numbers by job description and estimated payroll:

Job Description	Payroll
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total payroll: \$ \_\_\_\_\_ No. of Employees: \_\_\_\_\_

9. Sales/Total Receipts (In Canadian currency):

	Previous Year	Current Year	Estimates for Next Year
Canada			

Product Sales	Canada			
Parts Sales	Canada			
Repair/Service				
Product Sales	USA			
Parts Sales	USA			
Repair/Service (Excl. warranty)	USA			
Warranty work	USA			
Product Sales	Other**			
Parts Sales	Other			
Repair/Service (Excl. warranty)	Other			
Warranty work	Other			
	TOTALS			

\*\*Please list specific countries:

Are U.S. products sold directly by the applicant or through a distributor?

If a distributor, advise name and location:

Any premises in the United States?  
If Yes, please provide details:

Yes  No

Any operations (other than product sales) in the U.S.?  
If Yes, please provide details:

Yes  No

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**Products Description**

Please attach copies of brochures, catalogues, labels, instruction manuals, annual reports, products safety Surveys and any material that will explain or clarify your products.

<b>Product</b>	<b>Years Involved</b>	<b>Principal End Use</b>	<b>Canadian Sales (%)</b>	<b>U.S. Sales (%)</b>	<b>Other Sales (%)</b>

10. a) List products acquired through acquisition or merger:

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b) Identify products planned for introduction in the next 12 months:

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c) List products planned for introduction in the next 12 months:

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11. a) Describe principal services:

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b) If you import products, state from where:

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c) Could any of your products or services be used on or in connection with:

Aircraft/Missiles/Aerospace?	<input type="checkbox"/>	<input type="checkbox"/>	Yes No
Watercraft or offshore?	<input type="checkbox"/>	<input type="checkbox"/>	Yes No

d) Do you make or handle any product that is explosive, flammable or poisonous combination with other materials? Yes No either by itself or in

<input type="checkbox"/>	<input type="checkbox"/>
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e) Could any of your products be classified as: i) Pharmaceuticals Yes No  
ii) Cosmetics Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

f) Are any of your products sold under another's name or label? Yes No

g) Do you purchase materials or components from others? Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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h) Do you require evidence of products liability insurance from them? Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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**Explain all of the "Yes" answers to questions f) to h) inclusive:**

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- i) Do others assemble your products?  Yes  No
- j) If assembly by others, do you supervise?  Yes  No
- k) Do you perform any installations?  Yes  No
- l) If installations by others, do you supervise?  
**If Yes, please attach copy**  Yes  No
- m) Do you furnish instructions for installations?  Yes  No
- n) For h) and i) above, do you require evidence of liability insurance?  
**If yes, attach a copy of your standard service contract.**  Yes  No

o) Who packages and/or labels your products?

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p) Who supplies the packaging material?

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q) How are your products packed when sold?

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- r) Is any sterile packaging involved?  Yes  No
- s) Do you package and/or label for others?  Yes  No
- t) Do you package under a trade name other than your own?  Yes  No

**12. Marketing**

a) Percentage of total sales to:

Wholesalers	%	Retailers	%	Consumers	%	Manufacturers	%
_____		_____		_____		_____	

b) Sales territory:

If more than 1% of your goods or services are consumed in any one city, state or country, explain and indicate percentage of total sales:

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**<sup>1</sup> . Quality Control and Testing**

a) Are written testing procedures followed?

  


Yes  No

b) Do you have a quality control manager responsible only to top management?

Yes  No

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- c) Does applicant have the benefit of any hold harmless agreements in their favour relating to the products?  Yes  No
- d) Does applicant provide any hold harmless agreements in favour of another party relating to the products?  Yes  No

13. **Loss Prevention**

- a) Have your products ever been subject to inquiry or investigation relative to safety by any government agency? **If Yes, please attach full details.** Yes No  product
- b) Do you have a products recall plan? Yes No    
**If Yes, please attach.**
- c) Have you ever recalled products because of a potential product safety hazard? Yes No **If please attach details and indicate percentage of recovery.**  **Yes,**
- d) Has your management issued a written policy statement on product safety which has been communicated to all employees? **If Yes, please attach.** Yes No  has
- e) Do you have a written products safety program for which specific individuals have responsibility for implementation? **If Yes, please attach copy or outline.** Yes No  have

14. **Product Design**

- a) Do you do your own design work? Yes No
- b) Do you maintain records of design changes and reasons justifying these changes?  Yes No
- c) Are your designs subject to independent external review or certification? Yes No    
**If yes, please attach details and dates.**
- d) Are your products designed, tested, labeled and manufactured to meet or exceed and industry standards? Yes No all government
- Which standards apply? ULC CSA OSHA FDA  Other
- c) Supplies and components
- i) Are written testing procedures followed? Yes No
- Have you determined which ones are critical to the safety of your final product? Yes No
- iii) List those critical items, indicating whether testing is on a sample basis or on all units:
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d) Final products:

i) Briefly describe tests applied before sale:

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ii) What percentage is tested? \_\_\_\_\_ %

iii) Are records of result of quality control tests kept so that you can identify at \_\_\_\_\_ Yes \_\_\_\_\_  
No a later date what tests you applied to a given product at a given time?

iv) How far

back do your records go?

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16. **Instruction / Warnings / Advertisement / Warranties**

a) Are hazards inherent in the final product, and warnings against foreseeable \_\_\_\_\_ Yes \_\_\_\_\_  
No misuse and abuse, made known to the ultimate user?

If yes, this is done by:

i) Warning labels at the point of hazard? Yes No ii) Written instructions? Yes \_\_\_\_\_ No iii) \_\_\_\_\_  
Other means? **(If yes, attach details)** Yes No \_\_\_\_\_

b) Are instructions, warnings, labels and advertising texts subject to review to \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ assure \_\_\_\_\_ that  
they are complete and understandable to the ultimate user?

If yes, this is done by:

i) Legal counsel? Yes No ii) Top management? Yes No iii) Other? **(If** \_\_\_\_\_ **yes,** \_\_\_\_\_  
**attach details)** Yes No \_\_\_\_\_

c) Do you expressly disclaim or limit warranties for your products? Yes No \_\_\_\_\_ \_\_\_\_\_



d) Are all warranties and/or disclaimers reviewed by legal counsel? Yes No    
**If Yes, please submit copies of all warranties and disclaimers.**

e) Do you provide any specific training or instruction for the ultimate user, in the  Yes   
No proper use of your product?

If Yes, please describe:

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Are salesmen and distributors aware of proper use, warnings instruction and do  Yes  No

f) they instruct the purchaser/user?

17. **Loss Control and Defense**

a) Explain how you can identify your products and parts from similar competitors' products and parts:

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b) Based on available records for all products you have sold, can you determine:

i) When any given product item was manufactured? Yes No    
ii) To whom it was sold, and the date of sale? Yes No    
iii) Who supplied parts and supplies going into the final    
product? Yes No

c) Do you maintain copies of old instruction or operation manuals and advertising Yes No materials?

d) Accident procedure:

i) Do you have written procedure for obtaining information about product    
Yes No complaints, accidents and injuries involving your product?  
ii) Have you made distributors or salesmen aware of your desire for prompt

Yes No notice of all complaints, accidents and injuries involving your product?

iii) Does your procedure provide for examining and preserving any allegedly defective product, with the results of such examination recorded? Yes No

iv) Do reports on complaints, accidents, injuries, and the examination of products involved go to:

- The Person responsible for product safety? Yes No

- Top management? Yes No

- Legal counsel? Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> No

18. Does applicant presently carry insurance? \_\_\_\_\_

If yes, who is present insurer  Yes  No

Premium: \_\_\_\_\_

Is the present insurance Claims Made?

If Yes, state retro date: \_\_\_\_\_

Are they willing to renew?  Yes  No

If No, please explain: \_\_\_\_\_

Does the policy cover all operations of the Insured?  Yes  No  
 If No, please describe: \_\_\_\_\_

**19. Claims History**

Include total costs from ground up for each claim, whether covered by insurance or not. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you?  Yes  No

If Yes, give details: \_\_\_\_\_

20. **Non-Owned Automobile**

Number of employees using their cars on company business: Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_

Estimated annual cost of:  
hired cars \_\_\_\_\_ cars operated under contract \_\_\_\_\_

21. **Accident Prevention and First Aid**

First Aid Post:  
Doctors: Full Time: Part Time: Nurses: Full Time: Part Time:  
Fire alarm – other warning systems: \_\_\_\_\_

Is there a security officer or are there loss prevention engineers employed?  Yes  No

22. Please indicate limit(s) of liability required: \_\_\_\_\_

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.**

\_\_\_\_\_  
Signature of Applicant (authorized representative)

\_\_\_\_\_  
Date

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_