



Intact Insurance Company

Products Liability Insurance Questionnaire

1. Name of Applicant:

2. Address: (Number) (Street) (City) (Prov.) (Postal Code)

3. Applicant's Trade or Business:

4. Name, Address & Trade or Business of all Subsidiary Companies:

5. Is Applicant an: [ ] Individual [ ] Partnership [ ] Corporation [ ] Other (give details):

6. How long has Applicant been in business under present name?

7. Has Applicant operated under a different name in the past? [ ] Yes [ ] No
If yes, give details:

Table with 4 columns: Location of all premises owned, rented, or controlled by Applicant; Part occupied by Applicant; Area in Sq. Ft.; Interest of Applicant in such premises (owner, tenant, etc.). Rows 1-5.

9. Operations:

a) Describe fully and break down each type of operation and/or work performed by the Applicant:

Table with 3 columns: Operations; Number of Employees; Estimated Annual Payroll. Rows for detailed breakdown.

b) Does Applicant perform any operations in the United States? [ ] Yes [ ] No

If yes, give details:

c) Does Applicant perform any operations outside Canada and the United States? [ ] Yes [ ] No

If yes, give details:

10. a) Are all employees covered by Worker's Compensation? [ ] Yes [ ] No

If no, give details if Employers Liability coverage is required:

Operations	Number of Employees	Annual Payroll
		\$
		\$
		\$

- b) Does Applicant comply with all Workplace Hazardous Materials Information System (WHMIS) regulations?  Yes  No

If no, please explain:

11. Estimated annual revenue and number of units for each product manufactured, sold, handled or distributed by the Applicant:

Description of Product	Number of Units	Revenue		
		Canada	United States	Other (Specify)

12. Does Applicant manufacture the complete product?  Yes  No

If no, what component parts are purchased by Applicant?

13. Does Applicant assemble the product?  Yes  No

14. Does Applicant maintain and/or service the product?  Yes  No

***If yes, state revenue from the source and attach a copy of the standard service agreement.***

15. a) Does Applicant maintain quality control procedures?  Yes  No

If yes, please give brief outline of such procedures:

- b) Do all Applicant's products manufactured or distributed meet applicable standards of CSA, ULC, WCB etc.?  Yes  No

If no, give details:

16. a) Does Applicant maintain complete inventory records, shipment records and/or delivery records to consignees and are serial and/or batch numbers shown on the finished product and on shipment invoices?  Yes  No

- b) Can the date of manufacture of each product be identified by the factory number stamped on it?  Yes  No

- c) Does Applicant keep samples of products involved in quality control procedure?  Yes  No

If, yes, how long are the samples retained?

17. a) Has Applicant ever recalled any products for any reason or been ordered to do so by any government authority? ***If yes, attach details.***  Yes  No

- b) Does Applicant have a products recall plan? ***If yes, attach details.***  Yes  No

18. a) Are all products labeled and marked in compliance with government regulations?  Yes  No
- b) Has any product every been subject to any inquiry or investigation by any government agency concerning its efficiency, adequacy of labeling, hazardous contents or safety?  Yes  No  
*If yes, attach details and the result of the inquiry.*
19. Have any products been withdrawn or discontinued during the past five years?  Yes  No  
 If yes, give details:
20. Does Applicant plan on manufacturing any new products to be marketed within the next twelve months?  Yes  No  
 If yes, give details:
21. Does Applicant install any of their products?  Yes  No  
 If yes, give details:
22. Are any of Applicant's products subject to deterioration?  Yes  No  
 If yes, which ones and over what period of time?
23. Are any of Applicant's products inflammable or explosive?  Yes  No  
 If yes, give details:
24. Are any of Applicant's products toxic or poisonous either by themselves or in combination with other materials?  Yes  No  
 If yes, give details:
25. Do any of the products Applicant now sells or has sold contain asbestos?  Yes  No  
 If yes, give details:
26. Does Applicant issue guarantees and/or warranties to purchasers?  Yes  No  
 If yes, what period does Applicant guarantee and/or warrant these products?  
***Attach full details and copy of Applicant's form of guarantee or warranty.***
27. a) Does Applicant agree to hold dealers or distributors or suppliers harmless against claims or suits for personal injuries or property damage in connection with Applicant's products?  Yes  No  
***If yes, attach copies of standard forms.***
- b) Are any of the above affiliated with you?  Yes  No  
 If yes, give details:
- c) If you are a distributor are you insured by the manufacturer?  Yes  No
28. a) Is Applicant's product accompanied by any written brochures, labels, instructions or other written statements?  Yes  No
- b) Are products labeled clearly to indicate contents, instructions for use, warnings of potential hazards and emergency action?  Yes  No

29. Are Annual Reports and/or product brochures available?  Yes  No  
*If yes, please attach.*

30. Give details of all liability insurance carried during the past three years:

Type of Policy		Policy Number	Insurer	Expiry Date	Limits
Claims Made	Occurrence				
*					
*					
*					
*					

*\*If the policy is subject to a Retroactive Date, give details:*

31. Give details of all claims brought against the Applicant during the past five years:

Date of Accident	Amount		Details
	Paid	Outstanding	

32. Do these paid or outstanding amounts reflect any deductible provision(s) contained in existing or previous insurance policies?  Yes  No

If yes, to what coverage(s) does/did the deductibles apply and what is/was the deductible amount?

33. Is the Applicant aware of any incidents, not yet reserved, that may result in claims against the Applicant?  Yes  No

If yes, give details:

34. Limits of Insurance required:

**Commercial General Liability:**

Each Occurrence Limit	\$	
Products – Completed Operations Aggregate Limit	\$	
Personal Injury and Advertising Liability Limit	\$	
Tenants Legal Liability Limit	\$	Any one Premises
Medical Expense Limit	\$	Any one Person
Non-Owned Automobile	\$	Inclusive limit for bodily injury and property damage combined

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for contract of insurance to be based upon the truth of the said statements.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

Broker: \_\_\_\_\_

***Signing of this form does not bind the Applicant to complete the insurance.***