



CGL PRODUCTS LIABILITY ADDENDUM

NEW BUSINESS

RENEWAL

POLICY NUMBER: _____

1. Name of Organization or Legal Entity (Applicant) including any subsidiaries:

(please show complete name as you wish it to appear on the policy)

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

b) Date business established: _____

c) Address (Not P.O. Box):

d) Website : _____

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

3.		<u>Payroll</u>		<u>Revenue</u>
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 Applicant 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.

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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:

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

10. Does Applicant maintain and/or service/install any products? YES NO
If "YES", attach a copy of the standard written service contract.
11. Are any products: YES NO If "YES", describe:
Flammable _____
Explosive _____
Toxic _____
12. Indicate areas of product distribution:
Canada _____ %
U.S.A. _____ % (Specify product and states): _____
Other _____ % (Specify products by country): _____
13. Has any product been discontinued, or has a product recall been ordered, during the last five (5) years? YES NO
If "YES", provide reasons, dates, lists of products, and areas of product distribution.

14. Does the Applicant plan on introducing any new product(s) which will be marketed during the next twelve (12) months? YES NO
If "YES", provide details.

15. Describe the product testing procedures:

16. 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 : _____
17. Is the Applicant a member of any industry standard association? YES NO
If "YES", provide full details. _____
18. Does Applicant request proof of product liability insurance from suppliers of materials/components? YES NO
19. Can similar materials/components be identified as to suppliers? YES NO
20. Are all products labelled and marked in compliance with government regulations? YES NO
21. Are all products labelled clearly to indicate contents, instructions for use, warnings of potential hazard and emergency actions? YES NO
Attach copy of labels.

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- 22. Are instruction manuals provided to indicate correct use, inherent hazards, maintenance requirements, assembly and installation precautions and other data relating to product safety? Attach copy of manuals. YES NO

- 23. Is the product clearly marked to indicate method for safe disposal of package or container? YES NO

- 24. How are product rejects isolated/disposed of? _____

- 25. Are records maintained to verify the quality control program? YES NO

- 26. Are records available as to labelling, packaging and shipping instructions for all products? YES NO

- 27. Are records maintained of batches, lots, runs, etc., to enable identification of a particular group of products that may be found defective? YES NO

- 28. Are records kept of complaints and corrective action taken? YES NO

- 29. Does a product recall program exist? YES NO
If "YES", describe procedures.

- 30. Describe all claims, including outstanding, and fees for the last five (5) years including any accidents, facts, circumstances or allegations which may give rise to a claim:

- 31. What action has been taken to eliminate future accidents? _____
Who is the current insurer? _____ Policy No.: _____

- 32. Has any similar insurance applied for or carried by the Applicant been declined or cancelled by any insurer within the last three (3) years? YES NO
If "YES", provide details.

- 33. 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.

SIGNED: _____ **DATE:** _____
(Authorized Representative)

NAME (Please Print): _____ **TITLE/POSITION:** _____