



# PRODUCT LIABILITY APPLICATION

## GENERAL INFORMATION

1. Name of Insured: \_\_\_\_\_  
 (and all subsidiaries) \_\_\_\_\_  
 Principal(s): \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Website Address: \_\_\_\_\_
4. Insured is:  Individual  Corporation  Partnership  Other: \_\_\_\_\_
5. Insured is:  Manufacturer  Wholesaler  Distributor  Retailer  Importer  Exporter
6. How long has the Insured been in business under the above name? \_\_\_\_\_
7. Describe prior experience in this business under another name: \_\_\_\_\_

8. Does the Insured presently carry insurance?  Yes  No
- If yes, who is the present insurer? \_\_\_\_\_
- Expiry date, limit and annual premium? \_\_\_\_\_
- Is the present insurance Claims Made?  Yes  No If yes, state retro date: \_\_\_\_\_
- Are they willing to renew?  Yes  No If no, please explain: \_\_\_\_\_

### Claims Information:

9. Claims History - Five (5) Years and 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	Description of Injury of Damage	AMOUNT				Status
		Reserve	Paid	Expenses	Deductible	

- Are you aware of any other incidents which may result in claims against you?  Yes  No
- If yes, please give details: \_\_\_\_\_

10. Are all employees covered under WSIB or Workers Compensation?  Yes  No
- If no, please list numbers by job description and estimated payroll: \_\_\_\_\_

Total Payroll: \$ \_\_\_\_\_ Number of Employees: \_\_\_\_\_

**SALES INFORMATION**

11. Sales/Total Receipts (in Canadian Currency):  
(Please do not use commas)

		Previous Year Sales	Current Year Sales	Estimates for Next Year
Product Sales	Canada	\$ _____	\$ _____	\$ _____
Part Sales	Canada	\$ _____	\$ _____	\$ _____
Repair/Service Work	Canada	\$ _____	\$ _____	\$ _____
Product Sales	U.S.A.	\$ _____	\$ _____	\$ _____
Part Sales	U.S.A.	\$ _____	\$ _____	\$ _____
Repair/Service Work	U.S.A.	\$ _____	\$ _____	\$ _____
Product Sales	**Foreign	\$ _____	\$ _____	\$ _____
Part Sales	Foreign	\$ _____	\$ _____	\$ _____
Repair/Service Work	Foreign	\$ _____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ _____	\$ _____	\$ _____

\*\* Please list specific countries: \_\_\_\_\_

Are U.S. products sold directly by the Insured or through a distributor? \_\_\_\_\_

If a distributor, please advise name and location: \_\_\_\_\_

\_\_\_\_\_

Any premises in the U.S.? Yes    No

Any operation (other name product sales) in the U.S.?  Yes     No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Does the policy cover all operations of the Insured?  Yes     No

If no, please describe: \_\_\_\_\_

\_\_\_\_\_

**Products Information:**

12. Please provide a Description of Operations: \_\_\_\_\_

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

a) List products acquired through acquisition or merger: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

c) List products discontinued and date discontinued: \_\_\_\_\_

13. a) Describe principal services: \_\_\_\_\_

b) If you import products, state from where: \_\_\_\_\_

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

Aircraft/Missiles/Aerospace?  Yes  No

Watercraft or Offshore?  Yes  No

Transportation?  Yes  No

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

e) Could any of your products be classified as: a) Pharmaceuticals  Yes  No

b) Cosmetics  Yes  No

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

h) Do you require evidence of Products Liability insurance from them?  Yes  No

If you answered "yes" to questions 13. f) through h), please provide more details: \_\_\_\_\_

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 installation by others, do you supervise?  Yes  No

m) Do you furnish instructions for installations?  Yes  No

n) For questions 13. h) and i) above, do you require evidence of liability insurance?  Yes  No

If yes, please attach a copy of your standard contract used.  Yes  No

o) Who packages and/or labels your products?

p) Who supplies the packaging material?

q) How are your products packaged when sold?

r) Is any sterile packaging involved?  Yes  No

s) Do you package and/or label for others?  Yes  No

**Marketing Information:**

14. Please provide the following:

a) Percentage of total sales to:

Wholesalers \_\_\_\_\_ %    Retailers \_\_\_\_\_ %    Consumers \_\_\_\_\_ %    Manufacturers \_\_\_\_\_ %

b) Sales territory - If more than 15% 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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c) Does the Insured have the benefit of any hold harmless agreements in their favour relating to the products? Yes  No

d) Does the Insured provide any hold harmless agreements in favour of another party relating to the products? Yes  No

### LOSS PREVENTION INFORMATION

15. Please confirm the following:

a) Have your products ever been subject to inquiry or investigation relative to product safety by any government agency? If yes, please attach full details. Yes  No

b) Do you have a Products Recall plan? If yes, please attach full details. Yes  No

d) Has your management issued a written policy statement on product safety which has been communicated to all employees? If yes, please attach a copy. Yes  No

e) Do you have a written products safety program for which specific individuals have responsibility for implementation? If yes, please attach a copy or outline.  Yes  No

#### Product Design Information:

16. Please confirm the following:

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? If yes, attach details.  Yes  No

d) Are your products designed, tested, labeled and manufactured to meet or exceed all government and industry standards?  Yes  No

Which Standards apply?  ULC  CSA  OSHA  FDA  Other \_\_\_\_\_

17. Please confirm the following:

a) Are written testing procedures followed?  Yes  No

b) Do you have a quality control manager responsible only to top management?  Yes  No

c) Supplies and components:

i) Have they ordered to your specifications?  Yes  No

ii) 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: \_\_\_\_\_

d) Final Products:

i) Briefly describe tests applied before sale: \_\_\_\_\_

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

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

iv) How far back do your records go? \_\_\_\_\_

**Instruction/Warnings/Advertisements/Warranties Information:**

18. Please confirm the following:

a) Are hazards inherent in the final product, and warnings against foreseeable misuse and abuse, made known to the ultimate user?

Yes  No

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, please attach details)

Yes  No

b) Are instructions, warnings, labels and advertising texts subject to review to assure they are complete and understandable to the ultimate user?

Yes  No

If yes, this is done by?

i) Legal counsel?

Yes  No

ii) Top management?

Yes  No

iii) Other? (If yes, please attach details)

Yes  No

c) Do you expressly disclaim or limit warranties for you product?

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 proper use of your product?

Yes  No

If yes, please describe: \_\_\_\_\_

f) Are salesman and distributors aware of proper use, warning instructions and do they instruct the purchaser and/or user?

Yes  No

**Loss Control and Defense Information:**

19. Please confirm the following:

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

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 materials?

Yes  No

d) Accident procedure:

i) Do you have a written procedure for obtaining information and product complaints, accidents and injuries involving your product?

Yes  No

ii) Have you made distributors or salesman aware of your desire for prompt notice of all complaints, accidents and injuries involving your product?

Yes  No

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:

a) The person responsible for product safety?

Yes  No

b) Top management?

Yes  No

c) Legal counsel?

Yes  No

**Non-Owned Automobile Information:**

20. Please confirm the following:

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

Estimated annual cost of hired automobiles: \$ \_\_\_\_\_

Estimated annual cost of automobiles operated under contract: \$ \_\_\_\_\_

Estimated annual cost of hired automobiles: \$ \_\_\_\_\_

**Limits of Liability:**

21. Please indicate limit(s) of liability required:

**Commercial General Liability**

\$1,000,000     \$2,000,000     \$5,000,000     Other: \_\_\_\_\_

Occurrence Form     Claims Made Form

If claims made, state retro date: \_\_\_\_\_

**Tenant's Legal Liability**

\$250,000     \$500,000     Other: \_\_\_\_\_

**THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:**

- a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- b) The signing and filing of this Application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response hereto.
- c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- d) Applicant understands that the Deductible under any Policy to be issued in response hereto shall include both loss payment and claim expenses as defined in the Policy.
- e) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Applicant Signature: \_\_\_\_\_ Date: \_\_

Title: \_\_\_\_\_ Phone: \_\_

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

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

Please forward completed request to:

StoneRidge Specialty Insurance  
195 Franklin Boulevard, Unit 6  
Cambridge, Ontario  
N1R 8H3

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