



## Products Liability Application

ABEX Affiliated Brokers Exchange Inc.  
375 Hagey Boulevard, Suite 302  
Waterloo, ON N2L 6R5  
(p) 519-880-0044 (f) 1-855-821-7060  
[www.abexinsurance.com](http://www.abexinsurance.com)  
[quotes@abexinsurance.com](mailto:quotes@abexinsurance.com)

Broker Name:	Contact:	
Address:		
Policy Number (for renewal purposes only):	Effective Date:	Broker Code:

**1. Please advise:**

Full Name of all Insureds:	Name of Principals:
Mailing Address:	
Other Locations:	
Website:	

**2. Describe business of Insured and any subsidiaries:**

**3. The applicant is a:**

Partnership

Corporation

Joint Venture

Other

4. The applicant is a:

Manufacturer      Wholesaler      Distributor      Retailer      Importer      Exporter

5. How long has applicant been in business under the above name?

6. Describe prior experience in this business under another name:

7. Are all employees covered under WSIB or Workers' Compensation?      Yes      No

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

Payroll	Employee
Total payroll: \$	No. of Employees:

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

		Previous Year	Current Year	Estimates for Next Year
Product Sales	Canada	\$	\$	\$
Parts Sales	Canada	\$	\$	\$
Repair/Service	Canada	\$	\$	\$
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		\$	\$	\$

\*\*If Other, please list specific countries:

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

b) If a distributor, advise name and location:

c) Any premises in the United States? Yes      No

If yes, please provide details:

d) Any operations (other than product sales) in the U.S.? Yes      No

If yes, please provide details:

## 9. Products

a) Product 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.

Product	Years Involved	Principal End Use	Canadian Sales (%)	U.S. Sales (%)	Other Sales (%)

b) List products acquired through acquisition or merger:

c) Identify products planned for introduction in next 12 months:

d) List products discontinued and date discontinued:

**10. Describe principal services:**

a) If you import products, state from where:

b) 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
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c) Do you make or handle any product that is explosive, flammable or poisonous either by itself or in combination with other materials?	Yes	No
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d) Could any of your products be classified as:

Pharmaceuticals	Yes	No
-----------------	-----	----

Cosmetics	Yes	No
-----------	-----	----

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

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

g) Do you require evidence of products liability insurance from them?	Yes	No
---	-----	----

h) Explain all of the "yes" answers to questions (e) to (g) inclusive:

- |   |     |    |
|---|-----|----|
| 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 or furnish instructions as to all installations?<br>If yes, please attach copy.       | Yes | No |
| m) Do you furnish instructions for installations?   | Yes | No |
| n) For (g) and (h) above, do you require evidence of liability insurance?<br>If yes, attach a copy of your standard service contract. | Yes | No |
| o) Who packages and/or labels your products?  |     |    |
| p) Who supplies the packaging material?   |     |    |
| q) How are your products packed when sold?  |     |    |
| 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 |

**11. Marketing**

a) Percentage of total sales to:

Wholesalers	%	Retailers	%	Consumers	%	Manufacturers	%
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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:

- |  |     |    |
|--|-----|----|
| 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 |

**12. Loss Prevention**

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

**13. 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?<br>If yes, please attach details and dates.   | Yes | No |
| d) Are your products designed, tested, labeled and manufactured to meet or exceed all government and industry standards?<br>Which standards apply?      ULC      CSA      OSHA      FDA      OTHER | Yes | No |

**14. 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 |
| c) Supplies and components:  |     |    |
| i. Are 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? %

iii. 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 to your records go?

#### 15. Instruction/Warnings/Advertisement/Warranties

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, attach details) Yes No

b) Are instructions, warnings, labels and advertising texts subject to review to assure that 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, 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 proper use of your product?<br>If yes, please describe: | Yes | No |
| f) Are salesmen and distributors aware of proper use, warnings instruction and do they instruct the purchaser/user?                          | Yes | No |

**16. Loss Control and Defense**

- |   |     |    |
|---|-----|----|
| a) Explain how you can identify you 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 about product complaints, accidents and injuries involving your product?               | Yes | No |
| ii. Have you made distributors or salesmen 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:  |     |    |
| - The person responsible for product safety?  | Yes | No |
| - Top management?   | Yes | No |
| - Legal counsel?  | Yes | No |



17. Does applicant presently carry insurance? Yes      No

If yes, who is present insurer?

Premium: Limit:

Is present insurance Claims Made? Yes      No

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:

**18. 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:

**19. Non-Owned Automobile**

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: \$

(Please provide details):

**20. 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

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

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we 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.

Signature(s) of All Named Insured(s) (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date:

**Absolutely NO COVERAGE is given by this application form.  
Coverage is only given upon written confirmation of binding from ABEX.**

**This Section is For Broker Use Only**

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