

INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the Manufacturers and Distributors policy. Completion of this application form does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance.

Important: Insuring Clauses 1, 2 (SECTION G only), 3 and 6 (SECTIONS A and B only) of this Policy provides cover on a claims made basis. Under these Insuring Clauses a claim must be first made against the Insured and notified to us during the period of the policy to be covered. These Insuring Clauses do not cover any claim arising out of any actual or alleged wrongful act occurring, in whole or in part, before the Retroactive Date.

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant company and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

If you require any extra room to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return directly to your insurance broker

SECTION 1: COMPANY DETAILS

1.1 Please provide the following details:

Insured company: _____

Address: _____

Postal code: _____

Year of establishment: _____ Website: _____

1.2 Please describe the products manufactured or distributed by you:

1.3 Please describe any professional services that you provide:

1.4 Please state the percentage of your sales into the following territories:

USA:	%	Europe/ROW:	%
Canada:	%	Australia:	%

1.5 a) Please state how many directors / officers / partners there are in the Company?

b) Please provide details of all the directors, officers and partners:

Name	Years in position	Years experience	Qualifications
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1.6 Please state the number of employees in the Company:

1.7 Please state:

a) your total estimated payroll for the current year:

b) the percentage of your payroll that relates to work away from your premises: %

c) the percentage of manual work: %

1.8 Please briefly describe below the nature of your business activities.
If you have a brochure, or company literature, please attach to this form.

1.9 Please state your income generated in the categories listed below:

	Last complete financial year		Estimate for current financial year		Estimate for next financial year	
	Manufacturers & distributors	Professional services	Manufacturers & distributors	Professional services	Manufacturers & distributors	Professional services
Canada:	\$	\$	\$	\$	\$	\$
USA:	\$	\$	\$	\$	\$	\$
Other territory:	\$	\$	\$	\$	\$	\$
Total:	\$	\$	\$	\$	\$	\$

Date of company financial year end:

SECTION 2: PRODUCT INFORMATION

2.1 Please provide further details of products that generate the largest % of your sales:

Product name/description	Customer name	Failure rate	Daily production values	Daily production units	Maximum batch value
		%	\$		\$
		%	\$		\$
		%	\$		\$

2.2 In the next 12 months are you planning to launch a new product? Yes No
 If 'yes', please provide details including a description, projected release date and projected annual sales, continue on the ADDITIONAL INFORMATION page if necessary:

Customer name	Customer location	Proportion of your annual sales
		%
		%
		%

2.3 Please state your annual revenue for your three largest products in the following territories:

Product description	Canada	USA	Europe/Australia	Rest of the world
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

2.4 Do you import products from territories outside of Canada, USA, Australia or Europe? Yes No
 If 'yes', please state:

a) the territories from where you import these products:

b) whether you maintain full rights of recourse against suppliers: Yes No

c) whether you ensure that your suppliers have their own products liability insurance? Yes No

If yes, what is the minimum limit of liability that your supplier must purchase?

2.5 Are any of your products incorporated into marine craft, aircraft, aerospace craft, nuclear devices, nuclear systems or automobiles? Yes No
 If 'yes', please provide details:

2.6 If your business activities include printing, what is the re-print percentage for erroneous batches?

2.7 Have you ever or are planning to recall any product? Yes No
 If yes, please provide details:

2.8 Do you provide a guarantee for the performance, durability and quality of your products?
If yes, please provide details:

Yes No

SECTION 3: QUALITY ASSURANCE

3.1 In respect of your products:

a) Do they meet all applicable product safety standards for the territories you sell into?
Please attach a sample copy of your product safety standard certificates.

Yes No N/A

b) Are they labelled with all applicable product safety warnings?

Yes No N/A

c) Are they supplied with clear instructions?

Yes No N/A

If you have answered 'yes' to b) or c) above, please provide details on whether these are inspected and approved prior to sale or distribution, including who undertakes this process (e.g. legal counsel or quality assurance team).

3.2 Do you have a written emergency product recall procedure?
If 'yes', please attach a copy to this application.

Yes No

SECTION 4: CONTRACT INFORMATION

4.1 Do you carry out work only under a written contract signed by every client?
If 'yes', please supply a copy of your standard form of contract or typical examples of contracts used.
If 'no', explain in what circumstances, and why:

Yes No

4.2 Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract?

Yes No

If 'yes', explain what percentage of your contracts this is applicable to and what these are capped at:

4.3 In respect of installation:

- a) Is the insured responsible for any installation? Yes No
- b) Will any installation work be carried out in the USA? Yes No
- c) Will this work be contracted? Yes No

4.4 Do you employ bona-fide sub contractors (BSFC)?

- Yes No

If 'yes', please state:

- a) What approximate percentage of your revenue, in your current financial year, will be paid to BSFC:
- b) Whether you sign reciprocal hold harmless agreements? Yes No
- c) Whether you ensure that BSFC have their own general liability insurance? Yes No

If yes, what is the minimum limit of liability that BSFC must purchase?

SECTION 5: CYBER & PRIVACY

Only complete this section if you require cyber & privacy cover

- 5.1 Do you have anti-virus software installed and enabled on all desktops, laptops and servers (excluding database server) and it is updated on a regular basis? Yes No
- 5.2 Do you have firewalls installed on all external gateways? Yes No
- 5.3 Do you take regular back-ups (at least weekly) of all critical data and store the same offsite or in a fireproof safe, or does your outsourced service provider meet this requirement? Yes No
- 5.4 Have you conducted a review of the business to ensure compliance with all relevant HIPPA legislation? Yes No
- 5.5 Do you ensure that all Protected Health Information (PHI) transmitted over open networks or stored on portable devices is encrypted? Yes No
- 5.6 Do you process or store credit card information? Yes No

SECTION 6: INSURANCE REQUIREMENTS

6.1 Please provide details of your current insurance:

	Insurer:	Limit:
Errors & Omissions:	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
General liability:	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Professional services liability:	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>

6.2 When would you like your insurance to start?

SECTION 7: CLAIMS EXPERIENCE AND INSURANCE HISTORY

AFTER FULL INQUIRY:

- a) are you aware of any circumstances, including any government or regulatory investigation, which may give rise to a claim under this policy, or
- b) have any directors or officers of the companies to be insured, or the companies themselves, been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body, or
- c) are you aware of any loss or damage (relating to the products to be insured by this policy), whether insured or not, that has occurred to any of the companies to be insured within the last 5 years?

With reference to questions a), b) and c) above:

Yes

No

If the answer to the above is yes then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers, and the dates of all developments and payments.

SECTION 8: DECLARATIONS

- I declare that AFTER FULL INQUIRY the information provided in this application form is true and complete and that I have not mis-stated or suppressed any material fact.
- I undertake to inform underwriters of any material alteration to these facts occurring before the inception of the Policy.

Signed: _____	Full name: _____
Position held: _____	Date: _____ DD / MM / YY

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* If clicking on **Submit Application** button above doesn't bring up a new email with this application attached to it, please try using Internet Explorer or email the application to quotes@abexinsurance.com or fax it to 1-855-821-7060.

Additional Information field available on next page

ADDITIONAL INFORMATION: