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 K&K Insurance Brokers, Inc. Canada

PRODUCT LIABILITY INSURANCE APPLICATION

Policy period required from _____ to _____
(Year) (Year)

INSURED:

Named Insured as it is to appear on policy: _____

What is the Insured? Corporation Partnership Joint Venture
 Individual Other _____

Mailing Address: _____
(Number) (Street) (City) (Prov.) (Postal Code)

Address of Actual Operation (if different than mailing):

(Number) (Street) (City) (Prov.) (Postal Code)

Web Site: _____

Doing Business As: _____

Name, Address and Description of Operations of all Subsidiary Companies:

BROKER:

Name of Agent/Brokerage: _____

Contact Person: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

E-mail Address: _____

**Limits of Liability required:
 Commercial General Liability**

Occurrence Claims Made Retroactive Date: _____

- Each Occurrence Limit \$ _____
- Products - Completed Operations Aggregate Limit \$ _____
- Personal Injury Limit \$ _____
- Tenants Legal Liability Limit \$ _____
- Medical Expense Limit - Per Occurrence/Per Person \$ _____
- Non-Owned Automobile Limit - Liability \$ _____
- Physical Damage \$ _____
- Employee Benefits Limit \$ _____
- Employers Liability Limit \$ _____

Advertising Injury Limit	\$ _____
Self Insured Retention or Deductible	\$ _____
Other: _____	\$ _____

CURRENT POLICY SPECIFICATION

<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made	Retroactive Date: _____
		Requested Present
Limit of Liability	\$ _____	\$ _____
<input type="checkbox"/> Self-Insured retention or <input type="checkbox"/> Deductible (specify):	\$ _____	\$ _____
Present Insurer: _____		and premium \$ _____

OPERATIONS

Please describe fully and break down the types of operations and work performed by the Applicant:

Operations	Estimated Annual Attendance	Estimated Gross Receipts for the Coming Year

If the Insured has food and/or beverage sales, please indicate receipts:		Food \$ _____
		Alcohol \$ _____

Payroll: \$ _____ Number of Employees: _____

How long has Applicant been in business: _____

What specific expertise does the Applicant's employees and/or volunteers have related to the Applicant's business:

PRODUCTS AND COMPLETED OPERATIONS:

Estimated annual sales/receipts for each product manufactured (present and past), sold, handled or distributed by the Applicant:

Description of Product	Sales/Receipts		
	Canada	United States	Other (Specify)

Does the insured sell any products, or carry out any operations in the United States? Yes No

If yes, please give full details: _____

Describe your products and services. Show the number of years involved with each product. Indicate which products you distribute, install, service or repair: _____

Products acquired via acquisition merger: _____

Did you assume liability for these products? Yes No

If yes, please explain: _____

Do you retain liability for products or divisions that you no longer control? Yes No

If yes, please explain: _____

Do you plan the introduction of any new products? Yes No

If yes, please explain: _____

Have you discontinued any products? Yes No

If yes, please explain and include the date(s) discontinued: _____

Sales History	Sales	Units Sold	Principal product(s) And/or service(s)	Percent of total sales
Estimated (next 12 months):	\$ _____	_____	_____	_____
Past 12 months:	\$ _____	_____	_____	_____
1 st previous year:	\$ _____	_____	_____	_____
2 nd previous year:	\$ _____	_____	_____	_____
3 rd previous year:	\$ _____	_____	_____	_____
4 th previous year:	\$ _____	_____	_____	_____

Replacement parts are what percentage of total sales? _____ %

Has there been a significant change in product mix? Yes No

Do you import products or component parts? Yes No

Do you export products or have foreign operations? Yes No

Could any of your products or services be used on or in connection with:
Pharmaceuticals/Cosmetics/Vitamins/Herbs? Yes No

Aircraft/Missile/Aerospace? Yes No

Watercraft or offshore? Yes No

Transportation/Pollution/Waste Treatment? Yes No

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

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

Please explain: _____

Do you purchase materials or components for others? Yes No

Do you assemble your products? Yes No

If your product is assembled by others, do you supervise? Yes No

Do you install your product? Yes No

Have you ever manufactured or distributed asbestos-containing products? Yes No

If your product is installed by others, do you supervise or furnish instructions as to installation? Yes No

If yes, please attach a copy

Percent of total sales to: Wholesalers _____ % Retailers _____ % Consumers _____ %

Suppliers and distributors:

Do you hold them harmless or insure them? Yes No

Do they hold your harmless or insure you? Yes No

If yes to either of the above, please explain: _____

LOCATIONS

Locations of all premises owned, rented, or controlled by Applicant	Area in Sq. Ft.	Interest of Applicant in such Premises (owner, landlord, tenant, etc.)

Contractual Liability

a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights? Yes No

If yes, please provide details: _____

b) If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract? Yes No

If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured? Yes No

If no, please advise procedures followed and details of contracts used: _____

c) If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured? Yes No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability? Yes No

d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians? Yes No

If no, in whole or part, please explain: _____

If yes, in whole or part, please attach a copy of the waiver

Protective Liability

Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?

If yes, what is the annual cost of work let? \$ _____ Sublet? \$ _____

Please describe the types of work let or sublet: _____

Professional Liability - Staff Employees and Contractors

Please list number of employees and duties: _____

Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation? Yes No

If no, please explain: _____

Aircraft & Watercraft

Does the Applicant own, lease or operate any aircraft and/or watercraft?

If yes, please give details: _____

Non-Owned Automobile

a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? Yes No

If yes, please provide details: _____

b) Does the Insured rent or lease vehicles from others? Yes No

If yes (i) How often per year? _____ (per year)

(ii) Are any of these vehicles driven in the United States? Yes No

c) Does the Insured contract services from others? Yes No

If yes, please describe: _____

d) Does the Insured contract services from others for the purpose of operating Vehicles to perform maintenance, service, haulage or snow removal operations? Yes No

Please give details of all liability insurance carried by the Insured during the past five years:

Type of Policy	Policy Number	Company	Expiry Date	Date
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Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.)

Please provide deductible or self-insured retention amounts for each year noted in the previous question.

Do these paid, expensed, or outstanding amounts in the Insurer Loss Reports reflect Any deductible provision(s) contained in existing or previous insurance policies? Yes No

Please attach a copy of the Insured's most recent audited financial statement.

Does the Insured have a formal loss-control program? Yes No

If yes, please provide details: _____

Does the Insured have a formal employee safety-training program? Yes No

If yes, please provide details: _____

Does the Insured have a formal premises snow/ice clearance procedure? Yes No

If yes, please provide details: _____

Does the Insured have a formal equipment or premises maintenance procedure? Yes No

If yes, please provide details including documentation procedures and qualifications of maintenance personnel: _____

I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insured's or an insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Questionnaire Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Questionnaire Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Name (Print)

Signature

Date

Agent/Broker: _____