

Toronto Office: 18 King St. E., Suite 903 Toronto, ON M5C 1C4
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

APPLICATION – PRODUCT MANUFACTURERS AND SUPPLIERS PROFESSIONAL LIABILITY INSURANCE

Full Name of the Applicant: _____

Head Office Address: _____

Phone: _____ Fax: _____ Email: _____

Website: _____

Names of other parties to be included:

NAME	EQUITY INTEREST OF MAIN APPLICANT	REASON FOR INCLUSION*

*e.g. Subsidiary/management control/joint venture partner etc

Date Applicant established: _____

1. HAS ANY CHANGE BY WAY OF MERGER, TAKE-OVER OR CHANGE OF NAME OCCURRED IN THE LAST 10 YEARS?

Yes No If Yes, please give details with relevant dates: _____

2. IS THE APPLICANT FINANCIALLY ASSOCIATED WITH ANY OTHER FIRM, OTHER THAN IN REPLY TO QUESTION 1 ABOVE?

Yes No If Yes, please give details with relevant dates: _____

3. PLEASE STATE THE APPLICANT'S:

	HOME	OVERSEAS (EX. USA.)	USA	TOTAL
Total revenues for the last financial year	\$	\$	\$	\$
Total revenues for the current financial year	\$	\$	\$	\$
Total revenues for the next financial year	\$	\$	\$	\$
Financial year end date				

4. PLEASE PROVIDE A GENERAL DESCRIPTION OF THE COMPANY'S BUSINESS ACTIVITIES AND ATTACH THE LATEST COPY OF YOUR PUBLISHED ACCOUNTS:

5. PLEASE PROVIDE A BREAKDOWN OF THE APPLICANT'S REVENUES FOR THE LAST FINANCIAL YEAR AS BELOW:

a) Revenues where the Applicant designs, manufactures and supplies the product: \$ _____

b) Revenues from the sale of products designed and manufactured by others where:

i) The Applicant gives advice in connection with the product: \$ _____

ii) The Applicant does not give advice in connection with the product: \$ _____

c) Fees from professional consultancy advice or services: \$ _____

d) Other revenues: \$ _____

Total \$ _____

e) If a revenue has been declared in question 5 d), please describe the business activities: _____

f) If fees have been declared in question 5 c), please indicate where professional advice, design or service is provided:

PROFESSIONAL SERVICE	NO. OF DIRECTORS & EMPLOYEES	CONSULTANCY FEES OR COMMISSIONS	
		LAST FINANCIAL YEAR	ESTIMATED NEXT FINANCIAL YEAR
Architecture			
Construction Management			
Computing & I.T.			
Engineering			
Insurance			
Legal			
Medical & Healthcare			
Project Management			
Property Agency/ Management			
Surveying			
Shipping/Forwarding			
Other (please specify) _____			
Other (please specify) _____			

Please provide a general description of each of the professional services indicated in the chart above:

6. ARE ALL DIRECTORS AND EMPLOYEES PROVIDING THE PROFESSIONAL:

a) Advice, design or services declared in question 5 f)? Yes No

b) Design, formulation or specification of products, suitably qualified by examination? Yes No

If "No", please provide information regarding the experience of those directors and employees who are not qualified by examination: _____

7. DOES THE APPLICANT PROVIDE DESIGN AND BUILD SERVICES FOR CONSTRUCTION CONTRACTS?

Yes No If Yes, please state the applicable revenues: _____

8. DOES THE APPLICANT MANUFACTURE OR PROVIDE ADVICE, DESIGN OR SERVICES FOR OR IN CONNECTION WITH PROTOTYPES OR INNOVATIVE PRODUCTS?

Yes No If Yes, please provide details: _____

9. PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING THE FIVE LARGEST CONTRACTS, RELEVANT TO THE PROPOSED INSURANCE, IN RECENT YEARS:

DESCRIPTION OF CONTRACT	TERRITORY	DATE	REVENUES/FEE/COMMISSION
a)			
b)			
c)			
d)			
e)			

10. SUB-CONTRACTORS, CONSULTANTS AND PRODUCT SUPPLIERS:

a) Are full rights of recourse maintained against sub-contractors, consultants and product suppliers? Yes No

If No, please provide details: _____

b) Does the Applicant ensure that all sub-contractors, consultants and product suppliers carry their own Professional Liability insurance Yes No

11. PLEASE LIST THE MAIN COUNTRIES TO WHICH PRODUCTS ARE EXPORTED, AND STATE THE APPROXIMATE REVENUES FOR EACH COUNTRY:

COUNTRIES	APPROXIMATE REVENUES

Are products exported to the USA? Yes No

If Yes, please advise the type of products being exported and the applicable revenues

PRODUCTS	REVENUES

12. DOES THE APPLICANT BELONG TO ANY TRADE ASSOCIATION OR PROFESSIONAL BODIES?

Yes No If Yes, please give details: _____

13. HAS THE APPLICANT ACHIEVED ISO QUALIFICATION OR SIMILAR?

Yes No If Yes, please give details: _____

14. WHERE THE APPLICANT DESIGNS AND MANUFACTURES OR SUPPLIES PRODUCTS, ADVICE, DESIGN OR CONSULTANCY SERVICES TO OTHER COMPANIES, DO THEY ALWAYS:

- a) Effect a written contract with their customer before the products, advice, design or consultancy services are provided? Yes No
- b) Obtain legal advice before contracts are signed? Yes No
- c) Exclude liability for consequential loss? Yes No

If No to any of the above, please provide details: _____

PREVIOUS INSURANCE HISTORY:

15. DOES THE APPLICANT EFFECT AND MAINTAIN PUBLIC AND PRODUCTS LIABILITY INSURANCE?

Yes No

If Yes, please indicate whether the policy provides cover for professional advice and services where fees or commissions:

- a) Are earned and third party injury or damage occurs? Yes No
- b) Are not earned and third party injury or damage occurs? Yes No
- c) Are not earned and a third party incurs financial loss without injury or damage occurring? Yes No

16. HAS THE APPLICANT PREVIOUSLY INSURED FOR PROFESSIONAL LIABILITY?

Yes No If Yes, please provide:

- a) Name of insurer: _____ Date the Policy expires: _____
- b) Limit of Liability: _____ Deductible _____
- c) Basis of cover (claims made or occurrence based) _____
- d) Retroactive Date: _____

If No, please provide details: _____

17. A) HAVE ANY CLAIMS EVER BEEN MADE TO THE KNOWLEDGE OF THE APPLICANT AGAINST THE APPLICANT, ANY BUSINESS PREDECESSORS, ANY OF THE PRESENT OR FORMER PARTNERS OR OFFICERS? Yes No

B) IS THE APPLICANT AWARE OF ANY ACT, ERROR, OMISSION OR CIRCUMSTANCE WHICH COULD GIVE RISE TO A CLAIM AGAINST THE APPLICANT OR ANY PREDECESSOR IN BUSINESS, OR ANY PRESENT OR FORMER PARTNER OR OFFICER? Yes No

If the answer to either 17 a) or 17 b) is Yes, complete the enclosed CLAIMS HISTORY FORM.

Note: THE POLICY DOES NOT COVER ANY CLAIM OR CIRCUMSTANCE STATED IN 17 A) AND/OR 17 B) OR ANY ERROR, ACT, OMISSION OR CIRCUMSTANCE WHICH COULD GIVE RISE TO A CLAIM, OF WHICH THE APPLICANT HAS KNOWLEDGE PRIOR TO THE INCEPTION OF THE POLICY.

18. HAS ANY PARTNER, EXECUTIVE OFFICER, DIRECTOR OR PROFESSIONAL EMPLOYEE HAD THEIR LICENSE SUSPENDED, BEEN FINED OR REPRIMANDED DURING THE PAST FIVE YEARS?

Yes No If Yes, please provide details: _____

19. TO THE APPLICANT'S KNOWLEDGE, HAS ANY COMPANY DECLINED OR TERMINATED THE INSURANCE, FOR THE APPLICANT, ANY PRESENT PARTNER OR OFFICER OR FOR ANY PREDECESSOR IN THE BUSINESS, PAST PARTNERS OR OFFICERS?

Yes No If Yes, please provide details: _____

20. WHEN IS YOUR FISCAL YEAR END? _____

21. INSURANCE REQUIRED:

LIMITS:

- \$250,000/\$500,000
- \$500,000/\$1,000,000
- \$1,000,000/\$1,000,000
- \$1,000,000/\$2,000,000
- \$2,000,000/\$2,000,000
- \$3,000,000/\$3,000,000
- \$4,000,000/\$4,000,000
- \$5,000,000/\$5,000,000
- Other _____

DEDUCTIBLE

- \$2,500(Min.)
- \$5,000
- \$10,000
- \$25,000
- \$50,000
- Other _____

We hereby declare that the above statements and particulars are true and that we have not suppressed or misstated any material facts and we agree that this declaration shall be the basis of any binder or contract of insurance with the Insurance Company, and that the limits and deductibles as stated in the said binder or contract of insurance shall govern.

It is understood and agreed that the completion of this declaration does not bind the Insurance Company to the issue of the insurance nor the Applicant to the purchase of this insurance.

It is further understood and agreed that if, following submission of this application to the insurer and prior to the date requested for coverage to be effective, the Applicant becomes aware of any information which has a bearing on question 17a) or 17b) of this application, the Insurer shall be immediately notified in writing of such information.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____

BROKER NAME: _____

ADDRESS: _____

PHONE NO: _____

FAX NO: _____

EMAIL ADDRESS: _____



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CLAIMS HISTORY FORM

Applicant Name: _____

Date: _____

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim:

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim:

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim:

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim:

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim:

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$