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PRODUCT LIABILITY SUPPLEMENT TO GENERAL LIABILITY INSURANCE APPLICATION FOR

Name of Applicant: _____

1. Does the Applicant sell products directly to end user or through a distributor?

If sold through a distributor, please identify: _____

2. Does the Applicant's distributor complete assembly, re-package or alter product before delivery to end user?

Yes No If Yes, please specify:

3. Please identify the Applicant's past, current and future product lines
 (include products acquired through merger or acquisition):

PRODUCT/DESCRIPTION	START DATE	END DATE	SALES	UNITS SOLD
			\$	
			\$	
			\$	
			\$	
			\$	

4. How long does the Applicant maintain records of products manufactured, suppliers, customers, complaints?

5. Please list all trade names these products have been marketed under:

6. Could any of the Applicant's products be components or ingredients of, or used in connection with:

Aircraft, Missiles, Aerospace or Military _____

Asbestos _____

Explosives _____

Helmets or Protective Equipment _____

Pharmaceuticals, Vaccines _____

Tobacco Products _____

Automobiles or Railways _____

Watercraft or Offshore Equipment _____

7. Do any products present a known human health hazard or environmental pollution hazard? Yes No

If Yes, please specify: _____

8. Are any products explosive or flammable in their own right or in combination with other substances? Yes No

If Yes, please specify: _____

9. Please list key suppliers along with description of materials supplied and location:

SUPPLIER	MATERIALS OR COMPONENTS SUPPLIED	LOCATION OF SUPPLIER
a)		
b)		
c)		

10. Supply Chain Management:

a) Please describe who assembles, packages, installs, services and or maintains product(s) on behalf of the Applicant:

b) Does the Applicant provide supervision or instruction on these functions? Yes No

c) Please describe quality assurance procedures in place governing suppliers, assemblers, packagers, installers and service providers assuring they operate to Applicant's specifications.

11. Quality Control and Testing

a) Please describe quality control process and documentation policies:

b) Please describe tests performed on products prior to release to end user:

TEST (DESCRIBE)	DOCUMENTATION	HOW LONG ARE RESULTS RETAINED?

12. Product Recall

a) Please describe products safety and recall plan:

b) Is a staff member(s) delegated to this plan? _____

c) Have any of the Applicant's products ever been recalled or subject to investigation by any government agency?

Yes No If yes, describe _____

d) What is the Applicant's typical batch size? Value _____ Number of units: # _____

e) How does the Applicant identify and contrast its product(s) from that of competitors?

13. Product Design

a) Who designs product(s): _____

b) Are records of designs, design changes etc maintained? Yes No For how long? _____

c) Are designs vetted and/or tested by a third party prior to production? Yes No Please describe:

d) Which standards do products adhere to? _____

14. Warnings and Warranties

a) How are hazards to end users mitigated? _____

b) Are hazards to end users identified and warned against? Please describe:

c) Are warnings and instructions reviewed by counsel to assure efficacy? Yes No

d) How are warnings and instructions brought to the attention of end user?

e) Does the Applicant expressly disclaim or limit warranties for its products Yes No

f) Does the Applicant provide any specific training or instruction for the ultimate user, in the proper use of its products?
 Yes No If Yes, please describe:

15. Claims and Management

a) Does the Applicant have a written procedure for obtaining information about product complaints, accidents and injuries involving its products? Yes No Please describe:

b) Does this procedure provide for examining and preserving any allegedly defective product, with the results of such examination recorded? Yes No Please describe:

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This supplement, together with the General Liability application to which it is attached, constitute the Applicant's representations and will form the basis of any policy that may be issued.

Signature of Applicant _____

Dated _____