

**Toronto Office:** 18 King St. E., Suite 300 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

## MANUFACTURER'S E&O APPLICATION

NOTICE: This coverage is provided on a **Claims** Made and Reported Basis. Except as otherwise provided, this coverage applies only to **Claims** first made against the **Insured** during the **Policy Period** or the **Optional Extension Period** (if applicable) and reported in writing to the Underwriters either during the **Policy Period**, within sixty (60) days after the expiration of the **Policy Period** or during the **Optional Extension Period** (if applicable). The Limit of Liability available to pay **Damages** shall be reduced and may be completely exhausted by payment of **Claims Expenses**.

This insurance is not a Commercial General Liability policy and does not apply to **Damages** or **Claims Expenses** for or resulting from any Claim arising out of **Bodily Injury** or **Property Damage**.

Please fully answer all questions and submit all requested information and supplemental forms. Terms appearing in bold face in this **Application** are defined in the Policy and have the same meaning in this **Application** as in the Policy. If you do not have a copy of the Policy, please request it from your agent or broker. This **Application**, including all materials submitted herewith, shall be held in confidence.

### GENERAL INFORMATION

1. Applicant Name: \_\_\_\_\_

Subsidiaries to be covered under the policy: \_\_\_\_\_

Year business established: \_\_\_\_\_

Website(s). If no website, please attach company brochure: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Total number of staff: \_\_\_\_\_ Number of licensed engineers: \_\_\_\_\_

3.

	FISCAL YEAR	CAD
Last Year's Annual Gross Revenues:		
Projected Annual Gross Revenue:		

Company sales to: USA \_\_\_\_% Canada \_\_\_\_% Europe \_\_\_\_% Asia \_\_\_\_% Other \_\_\_\_%

4. All manufacturing facilities are CAD domiciled:  Yes  No  
 If NO, please list below and % of revenue derived from each foreign location:

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**BUSINESS DETAILS**

1. Please describe your business operations, the products you manufacture and the industry sectors that your products are used in:

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2. Indicate the percentage of your revenue expected this year from the following:

A. Contract manufacturing	%
B. Assembly	%
C. Products made to the applicants own designs / specifications	%
D. Distribution of products manufacturer by others	%
E. Licensing fees & royalties	%
F. Design / engineering for a fee (not related to the applicant's products)	%
G. Other	%

If "other" please describe

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3. Do you perform installation, service or repair of your products?  Yes  No

4. List the products manufactured or services performed and the percentage of projected revenues for each.

TYPE OF PRODUCT OR SERVICE	% OF APPLICANT'S RECEIPTS
	%
	%
	%
	%
	%
	%
	%
	%

5. What percentage of your current revenue relates to products you manufacture that have been in the market for:

Less than 1 year \_\_\_\_\_%                      1-2 years \_\_\_\_\_%  
 2-5 years \_\_\_\_\_%                              over 5 years \_\_\_\_\_%

6. Please indicate your three largest jobs during the past two years:

CUSTOMER	INDUSTRY SECTOR	ANNUAL REVENUE	PRODUCTS MANUFACTURED

What is your firm's average contract size? \$\_\_\_\_\_

7. Do you subcontract out any part of your manufacturing operation?     Yes     No

If Yes, indicate a) the percentage of current revenues attributable to the work of subcontractors' \_\_\_\_\_% and  
 b) the reasons for the use of subcontractors?

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Are your customers aware that subcontractors are being used?     Yes     No

Are subcontractors identified as such to customers?     Yes     No

Please describe controls in place to ensure the quality of subcontractors work:

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8. Do you warrant or guarantee any standards of performance for products and/or services (e.g. delivery and/or completion timeframes, durability, quality)?  Yes  No If Yes, please specify
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9. Do you include all necessary and required product labels, instructions and warnings with all of your products?  
 Yes  No
10. What is the worst thing that could happen to your customers' operations if your product were to fail or stop working?
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## RISK MANAGEMENT

1. Which of the following does the applicant's quality control procedures include? (check all that apply)
- Pre-release/pre-dissemination
  - Alpha and Beta testing
  - Formal customer acceptance procedures
  - Beta testing
  - Vendor certification process
  - Statistical process control
  - Formalized quality control program
  - Prototype development
- Products and/or services developed to industry standards:  
 UL/CSA  ISO 9000 or later Series  CE Mark
2. Do your risk management procedures include the following?
- Business documents (customer orders, agreements, etc.)
  - Maintenance of error/problem/downtime log for life of product and/or service
  - Customer complaint resolution plan
  - Customer notification plan of your discontinuance of a product and/or service or support
  - Formal plan to address any flaws, defects, bugs, anomalies, problems, etc. discovered in your products and/or services or website including customer notification.
  - Formal service recall plan
- Timeframe from discovery to notify all customers
- less than one day
  - 1-7days
  - 1-4weeks
  - over 1 month
3. What percentage of your products and/or services, upon delivery to your customers, are returned or require fixes? \_\_\_\_%
4. Do you require written contracts or agreements with all customers specifying the products / services you will provide?  
 Yes  No
- What percentages of your customers are subject to your standard written contracts or agreements? \_\_\_\_%

**PRIOR COMPLAINTS, INCIDENTS, CIRCUMSTANCES AND CLAIMS**

1. Does the applicant or any director, officer, employee or other proposed Insured have knowledge of:
  - Any complaints or cease and desist demands, alleging trademark or copyright infringement?  Yes  No
  - Any product recalls relating to their product(s)?  Yes  No
  - Any customer allegations or complaints relating to performance or non-performance of your product or service, delayed or late delivery of your service or a problem with your product or service?  Yes  No
  - Any product liability claims or circumstances?  Yes  No
  
2. Has the Applicant or any director, officer, employee or other proposed Insured given written notice under the provisions of any prior or current errors or omissions, professional liability, media or network security policy of specific facts or circumstances which might give rise to a Claim being made against any proposed Insured?  Yes  No
  
3. Does the Applicant, director, officer, employee or other proposed insured have knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a claim under the proposed insurance?  Yes  No

If any of the above has been answered Yes, please describe below or attach details on a separate sheet

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**PRIOR INSURANCE**

1. Do you currently have errors or omissions or professional liability insurance?  Yes  No  
 Do you currently have general liability including products and completed operations liability insurance?  Yes  No  
 If Yes, please provide the following:

INSURER	LIMITS	DEDUCTIBLE	POLICY PERIOD	PREMIUM	RETROACTIVE DATE
GL	\$	\$		\$	
E&O	\$	\$		\$	

2. Has any errors and omissions or professional liability or general/products liability insurance ever been declined or cancelled?  Yes  No  
 If Yes, please explain:

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THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HEREWITH ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.

THIS APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY.

THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

THE APPLICANT UNDERSTANDS THAT THIS IS NOT AN APPLICATION FOR PRODUCTS RECALL INSURANCE WHICH IS EXCLUDED UNDER THIS POLICY.

I HAVE READ THE FOREGOING APPLICATION FOR INSURANCE INCLUDING ATTACHMENT 'A' AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

**WARNING: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO MAY BE GUILTY OF INSURANCE FRAUD WHICH MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISONS."

Signed: \_\_\_\_\_

Must be signed by corporate officer with authority to sign on Applicant's behalf.

Dated: \_\_\_\_\_  
Month Day Year

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number as designated.

If this **Application** is completed in Iowa, please provide the Insurance Agent's name only.

\_\_\_\_\_  
Name of Insurance Agent

\_\_\_\_\_  
License Identification No.

\_\_\_\_\_  
Authorized Representative



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