

**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  
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## MANUFACTURERS AND/OR DISTRIBUTORS SUPPLEMENT SECURITY & PROTECTION INDUSTRY PROGRAMME APPLICATION

Name of Applicant: \_\_\_\_\_  
\_\_\_\_\_

1. Description of Operations      Projected Gross Receipts

**Alarm Systems**

- Manufacturing      \$ \_\_\_\_\_
- Distribution/Sales      \$ \_\_\_\_\_

**Fire Protection Systems**

- Manufacturing      \$ \_\_\_\_\_
- Distribution/Sales      \$ \_\_\_\_\_

**Other Security Products**

- Manufacturing      \$ \_\_\_\_\_
- Sales      \$ \_\_\_\_\_

Please provide full description of Other Security Products: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL of above Services**      \$ \_\_\_\_\_

2. Does your firm provide, or anticipate any operations or sales outside Canada?     Yes     No

Please provide details? \_\_\_\_\_  
\_\_\_\_\_

3. Annual Sales – U.S.A

PRODUCT	SALES
	\$
	\$
	\$
	\$

Annual Sales – Other Countries

COUNTRY	PRODUCT	SALES
		\$
		\$
		\$
		\$

4. Does your company sub-contract any operations to other companies?  Yes  No

If Yes, describe the operations sub-let: \_\_\_\_\_  
 \_\_\_\_\_

Indicate annual gross cost of sub-let work \$ \_\_\_\_\_

Do your sub-contractors carry their own CGL insurance, including Failure to Perform Coverage?  Yes  No

Do you require liability certificates?  Yes  No

5. Are formal written contracts signed?  Yes  No

Do they contain a hold harmless agreement in your favour?  Yes  No

6. PROVIDE A FULL LIST OF PRODUCTS AND SERVICES. Provide appropriate website links and/or attach brochures.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Are all products U.L.C. listed and CSA approved?  Yes  No

8. Describe your quality control program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Testing of incoming raw materials and components: \_\_\_\_\_

Testing of final product or installation: \_\_\_\_\_

Record kept for # \_\_\_\_\_ years

**This supplement, together with the Security & Protection Programme 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 \_\_\_\_\_



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