

Please complete this application in its entirety, as the responses given are material to the provision of terms. There is space for more details in the Additional Information Section at the end of the application. Coverage may be provided on a claims-made basis.

Named Insured: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section 1: About Your Organization**

1. What year was your organization established: \_\_\_\_\_
2. Is your organization incorporated? Yes  No
3. Do you expect a material change in your operations in the next 12 months? If Yes, please provide details. \* Yes  No
4. Have you operated under another name? If Yes, please provide details. \* Yes  No
5. Have you acquired any subsidiaries in the past 5 years? If Yes, please provide details. \* Yes  No
6. Have you filed for bankruptcy in the past 10 years? If Yes, please provide details. \* Yes  No
7. Please list any additional locations not noted above:

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

8. Please list any of your subsidiaries or related entities that are controlled by or control your organization:

Entity Name	Description of Operations	Relationship to Named Insured

9. Please describe all of your operations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 2: Revenues**

1. Please indicate your gross revenue by the following breakdown:

	Revenue: Previous 12 Months			Forecasted Revenue: Next 12 Months		
	Canada	U.S.A.	Rest of World	Canada	U.S.A.	Rest of World
Consulting for a Fee						
Contract Manufacturing for Third Parties						
Food & Beverage Sales						
Installation and/or Repair Services						
Manufacturing and Sale of Own Product						
Manufacturing is Contracted Out for Own Product						
Professional Services						
Repackaging or Relabelling of Wholesale Products						
Retail Sales / Direct Sales to Consumer						
Wholesale/Distribution of Third Party's Products						
Other:						

2. Please indicate the countries outside of Canada and the United States of America where you have sales/revenues: \_\_\_\_\_  
 \_\_\_\_\_

\*Please provide further details in the space provided under the Additional Information Section.

**Section 3: Premises**

- 1. Do you store hazardous materials at your premises? If Yes, please provide details.\* Yes  No
- 2. Do you store and dispose of all hazardous materials in compliance with federal and provincial laws and regulations? Yes  No
- 3. Do you have any personal property of others in your care, custody or control? If Yes, please provide details.\* Yes  No
- 4. Do you provide any delivery services? Yes  No
- 5. Do you serve alcohol? Yes  No
- 6. Do you have a deep fat fryer or grill on premises? Yes  No

**Section 4: Staffing**

1. Please indicate your annual payroll:

2. Please indicate the number of professionals on staff and their professions:

#	Professional Description				

- 3. Do you assume liability for the individuals noted in 2. above through their employment contract? Yes  No
- 4. Do you conduct employment reference checks on all employees? Yes  No
- 5. Do you conduct criminal background checks on all employees? Yes  No
- 6. Are all your employees covered by Provincial Workers' Compensation Plans? Yes  No
- 7. Do you provide written warnings to employees to create a record of performance issues? Yes  No
- 8. Do you consult a lawyer prior to dismissing any employee? Yes  No
- 9. Do you have a current copy of the Employment Standards Act accessible for staff? Yes  No

**Section 5: Your Products**

1. Please list your 10 top-selling products by approximate percentage (%) of gross revenue:

%	Your Product				

- 2. Have any of your products been on the market for less than 3 years? If Yes, please provide details.\* Yes  No
- 3. Have any of your products been recalled or withdrawn in the past 5 years? If Yes, please provide details.\* Yes  No
- 4. Are any of your products sold under third-party labels or as a component(s) of others' products? If Yes, please provide details.\* Yes  No
- 5. Do you intend to bring any new product(s) to market in the next 12 months? If Yes, please provide details.\* Yes  No
- 6. Can any of your products or services be used in or in connection with automotive, aircraft, aerospace, military and/or watercraft? If Yes, please provide details.\* Yes  No
- 7. Are you in compliance with all applicable regulatory guidelines? Yes  No
- 8. Have you been cited for any regulatory violations in the past 5 years? If Yes, please provide details.\* Yes  No
- 9. If applicable, do you follow Good Manufacturing Practices (GMP)? Yes  No
- 10. Are you ISO registered? If Yes, please provide ISO number:
- 11. Do you have a formal Product Recall Procedure in place? Yes  No
- 12. Do you have a formal written Quality Control and/or Quality Assurance program(s) in place? Yes  No
- 13. Do you conduct regular batch testing? Yes  No
- 14. Do you maintain all rights of recourse against your suppliers and/or product manufacturers? Yes  No
- 15. Do you have a Risk Management and Loss Prevention Program in place? Yes  No
- 16. Do you obtain a certificate of insurance from all suppliers and contractors? Yes  No
- 17. Are all contracts reviewed by Legal or your legal representative? Yes  No
- 18. Do you review all policies and procedures on a regular and ongoing basis? Yes  No

\*Please provide further details in the space provided under the Additional Information Section.

**Section 6: Contract Manufacturing**

1. Do you always use standard contracts prior to providing services (including change orders)? Yes  No
2. What is the average dollar value of your contracts? \_\_\_\_\_
3. What is the average duration of your contracts? \_\_\_\_\_
4. What is the total number of your current contracts? \_\_\_\_\_
5. Have any of your clients ceased payment or requested a refund of fees in the past 3 years? If Yes, please provide details.\* Yes  No
6. Please indicate your largest 3 contracts for the current year:

Type of Customer	Contract Value	Services Provided

**Section 7: Claims History**

1. Have you ever had a claim against your organisation’s insurance policies? If Yes, please provide details including date of loss, amount paid or held in reserve, and description of allegation.\* Yes  No
2. Are you aware of any incidents or circumstances that could potentially give rise to a claim? If Yes, please provide details.\* Yes  No

**Section 8: Prior Insurance**

1. Have you ever been declined coverage, cancelled or non-renewed for insurance requested in this application? Yes  No
2. Please provide details of your expiring insurance policy:

Coverage	Insurer	Limit	Aggregate	Deductible	Retroactive Date	Premium
General Liability						
Product-Completed Ops						
Errors & Omissions						
Product Recall						

**Section 9: Requested Insurance Coverage**

1. Please indicate the coverage limit, aggregate, retroactive date and deductible you are requesting:

Coverage	Limit	Aggregate	Deductible	Retroactive Date
General Liability				
Product-Completed Ops				
Errors & Omissions				
Product Recall				

**Privacy Policy**

By signing this form, you are consenting to the collection, use, disclosure, and retention of your personal information for the purposes of underwriting and rating, policy issuance, processing and remitting premium, reporting claims, complying with applicable laws and governing bodies, reporting and monitoring results and fraud and criminal prevention. Please see [www.signalunderwriting.com/privacy-statement](http://www.signalunderwriting.com/privacy-statement) for our External Privacy Policy.

\*Please provide further details in the space provided under the Additional Information Section.

**Declarations**

I/We, the undersigned, do declare and warrant that all statements and responses provided in this application and the attached addenda are to the best of my/our knowledge are true. Further, I/we warrant that no information has been withheld, suppressed or misstated any material facts that the underwriters may come to rely upon. I/We will notify the underwriters as soon as practicable if anything material is to change. I/We hereby agree and accept that this Declaration shall be the basis of such contract and will form part of the policy. Signing this application does not bind the underwriters or insurers to complete the insurance, nor does it bind the me/us to purchase the quoted coverage.

For British Columbia residents: Signal Underwriting Inc. operates as Signal Underwriting Services in British Columbia.

For Quebec and New Brunswick residents: Signing this Declaration confirms your request that all documentation and correspondence pertaining to the insurance coverage be in the English language.

Name (please print)	Title	Date
---------------------	-------	------

Signature

**Additional Information Section**

Please use this space to provide any additional information from the questions above, from the addenda or anything you feel is material to your operations:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

\*Please provide further details in the space provided under the Additional Information Section.