Manufacturing & Wholesale Application

SIGNAL UNDERWRITING

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**
Contract Manufacturing for Third Parties						
Installation and/or Repair Services						
Manufacturing and Sale of Own Product						
Manufacturing is Contracted Out for Own Product						
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 O	No O
2. Do you store and dispose of all hazardous materials in compliance with federal and provincial laws and regulations?	Yes O	No O
3. Do you have any personal property of others in your care, custody or control? If Yes, please provide details.*	Yes O	No O

Section 4: 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 O	No O
3. Have any of your products been recalled or withdrawn in the past 5 years? If Yes, please provide details.*	Yes O	No O
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 O	No O
5. Do you intend to bring any new product(s) to market in the next 12 months? If Yes, please provide details.*	Yes O	No O
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 O	No O
7. Are you in compliance with all applicable regulatory guidelines and applicable standards? CSA, ULC, WCB, etc	Yes O	No O
8. Have you been cited for any regulatory violations in the past 5 years? If Yes, please provide details.*	Yes O	No O
9. If applicable, do you follow Good Manufacturing Practices (GMP)?	Yes O	No O
10. Are you ISO registered? If Yes, please provide ISO number:		
11. Do you have a formal Product Recall Procedure in place?	Yes O	No O
12. Do you have a formal written Quality Control and/or Quality Assurance program(s) in place?	Yes O	No O
13. Do you conduct regular batch testing?	Yes O	No O
14. Do you maintain all rights of recourse against your suppliers and/or product manufacturers?	Yes O	No O
15. Do you have a Risk Management and Loss Prevention Program in place?	Yes O	No O
16. Do you obtain a certificate of insurance from all suppliers and contractors?	Yes O	No O
17. Are all contracts reviewed by Legal or your legal representative?	Yes O	No O
18. Do you review all policies and procedures on a regular and ongoing basis?	Yes O	No O

Section 5: Contract Manufacturing

1. Do you always use standard contracts prior to providing services (including change orders)?	Yes O	No O
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 O	No O

6. Please indicate your largest 3 contracts for the current year:

Type of Customer	Contract Value	Services Provided

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

Section 6: 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 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 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 for our External Privacy Policy.

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.

Property Application: Small-Medium Enterprise

SIGNAL UNDERWRITING

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.

Named Insured: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Contact: _____ Email: _____ Phone: _____

Section 1: Location Details

1. Please provide the following information for all of your locations:

#	Address	City	Prov.	PO Code	Building Value	Tenant Improvements	Contents	Equipment	Business Interruption	Rental Income
1										
2										
3										
4										
5										

#	Exterior Walls **	Roof ***	Floor ***	Year Built	Sq Ft	# of Stories	% Sprinklered	Monitored Alarm	Fire Hydrant within 500ft	Fire Hall within 5kms	Fire Hall FT/ Volunteer?	Pressure Vessel >24in diameter
1												
2												
3												
4												
5												

** Exterior Walls: Concrete, Hollow Concrete Block (HCB), Steel, Stone/Masonry, Brick Veneer, Wood Frame, Other (Specify)

*** Floor or Roof: Concrete, Steel Trussed, Steel Deck, Wood, Other (Specify)

#	If older than 25 years, please provide year and type of upgrade	Wiring		Plumbing		Heating		Roof	
		Year	Type	Year	Type	Year	Type	Year	Type
1									
2									
3									
4									
5									

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

Section 2: Crime Coverage

1. Please provide the number of employees that have access to cash, cheques, and/or securities as part of their employment:		
2. Do you require countersignatures on all cheques?	Yes O	No O
3. Are all cheques pre-numbered, accounted for and kept locked up?	Yes O	No O
4. Are all bank accounts reconciled by someone who is not authorized to deposit or withdraw funds?	Yes O	No O
5. Do you have an outside agent conduct an annual audit?	Yes O	No O
6. What is the maximum amount of cash on the premises?		
7. Do you have a safe?	Yes O	No O
8. If Yes to 7., is it a Class 1 safe (which is made of iron/steel and has a combination lock)?	Yes O	No O
9. If Yes to 7., is it a Class 2 safe (TL-15 UL label on the frame or door of the safe)?	Yes O	No O
10. If Yes to 7., is the safe bolted to the ground?	Yes O	No O

Section 3: 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 the loss.*	Yes O	No O
2. Are you aware of any incidents or circumstances that could potentially give rise to a claim? If Yes, please provide details.*	Yes O	No O

Section 4: Prior Insurance

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

Coverage	Insurer	Limit	Deductible	Premium
Property				
Equipment Breakdown				
Crime				

Section 5: Requested Insurance Coverage

1. Please indicated what coverage limit and deductible are requested:

Coverage	Limit	Deductible
Property		
Equipment Breakdown		
Crime		

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 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

Additonal 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.

SIGNAL UNDERWRITING

Property Application Addenda

Please complete the relevant section(s) to your operations.

Addendum: Accommodation

1. Do you allow smoking on premises?	Yes O	No O
2. Do you allow residents to have hotplates in their rooms?	Yes O	No O
3. Do you have Emergency Water Shut Off procedures in place?	Yes O	No O
4. Do you have water sensors installed?	Yes O	No O

Addendum: Food and Beverage

1. Do you allow smoking on premises?	Yes O	No O
2. Does your kitchen contain a deep fryer?	Yes O	No O
3. Do you have an automatic wet extinguishing system in place that meets the UL 300 standard?	Yes O	No O
4. If Yes to 3., is the system inspected semi-annually?	Yes O	No O
5. Do you have a contract in place to have the ventilation hoods cleaned every 6 months?	Yes O	No O
6. Do you contract out your kitchen and dinning room linen services?	Yes O	No O

Addendum: Manufacturing and Processing, Wholesale and Distribution

1. Please provide details of your manufacturing equipment with a replacement value greater than $100,000:

Make	Model	Age	Leased/Owned	Replacement Value	Date of Last Maintenance

2. Do you store any hazardous chemicals on site? If Yes, please provide details.*	Yes O	No O
3. Do you maintain any perishable items on premises?	Yes O	No O
4. If Yes to 3., please provide the total replacement cost of these items:		
5. If Yes to 3., do you have a back-up power source?	Yes O	No O

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