Medical Devices Renewal Application

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. Have your operations changed from what was reported previously? If Yes, please provide details.* Yes O No O
2. Do you expect a material change in your operations in the next 12 months? If Yes, please provide details.* Yes O No O
3. Have any of your best practices or risk management protocols changed? If Yes, please provide details.* Yes O No O
4. Has your organization, or any shareholders, directors, officers, partners, or members thereof, been under any investigation for alleged criminal violations relating to your business? If Yes, please provide details.* Yes O No O

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**
Manufacturing and Sale of Own Product						
Manufacturing is Contracted Out for Own Product						
Contract Manufacturing for Third Parties						
Wholesale/Distribution of Third Party's Products						
Repackaging or Relabelling of Wholesale Products						
Retail Sales						
Licensing Agreements, Royalties						
Research & Development, Milestones						
Consulting for a Fee						
Other:						

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

Section 3: Your Products

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

%	*Your Product*				

2. Have you added any new products in the past 12 months? If Yes, please provide details.* Yes O No O
3. Have any of your products been recalled or withdrawn in the past 12 months? If Yes, please provide details.* Yes O No O
4. Have any Adverse Event Reports been filed on any of your products in the past 12 months? 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

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 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.