

# CHUTTER

## UNDERWRITING SERVICES

### PRODUCTS LIABILITY APPLICATION

*This application is not intended to restrict or limit in any way a complete and full declaration of all information. All questions must be answered completely. Please do not leave any question unanswered. If the space provided is insufficient please attach details on a separate sheet, although fields will expand for certain questions. Use Tab to navigate cells and Enter within cells.*

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Name of Applicant.

List all of the companies and operating names to be insured.

Mailing address including postal code of Applicant.

List all temporary, leased and owned locations of Applicant.

Provide a full description of all operations including operations performed, service provided, and products handled.

List the number of years in operation.

List the years of experience of the principals.

Indicate the total Gross Payroll (excluding benefits) forecast for the next 12 months.

Indicate the total number of employees on staff (including principals).

Full time

Part time

Are all employees covered by Workers Compensation? Yes No

If no, state all exceptions.

Please provide your website address.

Does your website accurately reflect your current operations? Yes No

If no, please elaborate.

Provide full details on the total Gross Revenue forecast to be generated during the next 12 months. Split the Gross Revenue by type of operations/sales and destination country (indicate if other than in Canadian currency).

What was your total Gross Revenue for the past 12 months?

Canada USA Foreign

Is there any work committed to sub-contractors or independent contractors? Yes No

Type of work and annual cost?

Are all sub-contractors and independent contractors required to provide evidence of CGL Insurance to the Applicant?

Yes No

If yes, provide the minimum limit.

Are the sub-contractors required to add the Applicant as an Additional Insureds under the sub-contractors CGL Insurance?

Yes No

Has the Applicant been involved in similar operations under a different name(s)? Yes No

If yes, please provide names(s).

Have any insurer declined, cancelled or refused to renew the Applicant's Liability Insurance in the past 3 years?

Yes No

If yes, provide details.

Have there been any liability incidents, claims or losses (whether insured or not) that have occurred during the past 5 years? (if the operation is new or less than 5 years old, we still require a 5 year history based on past experience)

Yes                      No

If yes, provide all details including the date of loss, type of damage (BI/PD), details of the circumstance and damage/injuries, payments to third parties, expense paid, and if not yet resolved any outstanding reserves. All amounts should shown before an deductible/reimbursement is applied.

If there have been any incidents, claims or losses, please provide commentary on any steps taken to prevent reoccurrence including implemented Lose Prevention techniques.

List the top 3 principal customers/clients and their operations.

List all insured vehicles to be insured through a CGL.

List all watercraft to be insured through the CGL.

Do you own or lease any railcars?                      Yes                      No

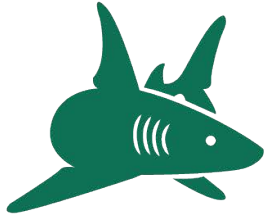
If yes, provide details such as the # of cars, area travelled and if leased the type of Service Agreement.

Are there any operations or known sales, directly or indirectly, outside of Canada.                      Yes                      No

If yes, list the details of the operations or sales including the dollar amount generated and the destination country.

Do you have any USA or Foreign locations?                      Yes                      No

If yes, provide details.



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## UNDERWRITING SERVICES

Manufacturer      Wholesaler/Distributor      Other (please describe)

Sale & Products History (please attach a summary if further room is required).

	Total Gross Revenue	Product	Countries	# of Units
Past 12 Months				
2nd Prior Year				
3rd Prior Year				

Percentage of sales to:

Consumers (directly)	Retailers	Wholesalers	Manufacturers	Contractors
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Who are your top 3 major customers? Include name and operation.

Could any of your products be used in connection with the following? If yes, check box.

- |                       |              |            |                 |
|-----------------------|--------------|------------|-----------------|
| Aviation or Aerospace | Railway Work | Automobile | Marine Work     |
| Transportation        | Off Shore    | Medical    | Pharmaceuticals |
| Nutraceuticals        | Cosmetics    | Oil & Gas  |                 |

Are there any contracts in place where you assume the liability of others or hold them harmless?      Yes      No

If Yes, provide details. (I.e. Suppliers, Vendors, etc.)

Are your products intended to be used by lay people or professionals?

Are any of your products considered to be flammable, explosive, toxic, reactive or poisonous?      Yes      No

If Yes, provide details.

Do you have Quality Control in place?      Yes      No

Is there a Quality Control Manager who reports to senior management?      Yes      No

Do you have written Products Recall procedures in place? Yes No

Have you ever recalled products because of a potential safety hazard? Yes No

Have any of your products been discontinued? Yes No

If yes, for what reason?

Can you identify your products from similar competitor's products? (I.e. records for batches, lots, runs, etc.)

Yes No

Are your products certified? CSA ULC Other

Do you have ISO certification? Yes No

Are your products designed, tested, labeled and manufactured to meet or exceed all industry and government standards?

Yes No

Do you design your own product? Yes No

What percentage of your products are made to customer's specifications?

Can the end user potentially alter your products? Yes No

If Yes, are there safety devices and labels in place to minimize this? Yes No

Is there any design/certification/approval of your products from an independent source? Yes No

What are the Brand Names of products?

What is the average selling price of your product? (Indicate for each product line)

What is the life expectancy of your products?

If you are purchasing, importing, distributing, or broking products:

Do you take title of the products? Yes No

Do you repackage, label, assemble, alter or change the product in anyway? Yes No

Does your name appear on the products? Yes No

List the products and their country of origin.

Do you provide training and/or instruction manual? Yes No

Do you maintain and/or service and/or repair and/or install any of your products at the customers' site? Yes No

Do you have written procedures for recording product complaints, accidents or injuries as a result of your products? Yes No

Have you provided a complete description of all the products that you manufacture, wholesale, distribute and/or handle? Yes No

Are there any unrelated product lines that you were previously involved in but no longer handle? Yes No

If Yes, what product lines and how long ago?

BROKER INFORMATION

Name:

Address:

Contact Person:

Email Address:

Phone #:

Fax #:

Is this a current client of your office?      Yes                      No

What is the current renewal date?

Who is the current insurer?

Expiring Premium?

Expiring Limit?

Expiring Deductible

Liability Coverage and Limit required?

Target Premium?

Date

Signature