

INSTRUCTIONS

This application is not intended to restrict or limit a full declaration of all information. All questions must be answered completely. If the space provided is insufficient, attach details on a separate sheet.

SECTION A — APPLICANT DETAILS

NAME OF APPLICANT — LIST ALL COMPANIES AND OPERATING NAMES TO BE INSURED

MAILING ADDRESS (INCLUDING POSTAL CODE) OF APPLICANT

LIST ALL TEMPORARY, LEASED AND OWNED LOCATIONS OF APPLICANT

FULL DESCRIPTION OF ALL OPERATIONS — OPERATIONS PERFORMED, SERVICES PROVIDED, AND PRODUCTS HANDLED

NUMBER OF YEARS IN OPERATION

YEARS OF EXPERIENCE OF THE PRINCIPALS

GROSS PAYROLL — NEXT 12 MO (\$)

EMPLOYEES — FULL TIME (#)

EMPLOYEES — PART TIME (#)

SECTION B — OPERATIONS, REVENUE & PRIOR INSURANCE

Are all employees covered by Workers' Compensation?

Yes No

IF NO, STATE ALL EXCEPTIONS

WEBSITE ADDRESS

Does your website accurately reflect your current operations?

Yes No

IF NO, PLEASE ELABORATE

GROSS REVENUE

Forecast total gross revenue for next 12 months, split by operation/sales type and destination country.

GROSS REVENUE FORECAST — NEXT 12 MONTHS (SPLIT BY TYPE AND COUNTRY)

TOTAL GROSS REVENUE — 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 / 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 Insured under their CGL insurance?

Yes No

Has the applicant been involved in similar operations under a different name(s)?

Yes No

IF YES, PLEASE PROVIDE NAME(S)

Has any insurer declined, cancelled or refused to renew the applicant's liability insurance in the past 3 years?

Yes No

IF YES, PROVIDE DETAILS

SECTION C — CLAIMS HISTORY & ADDITIONAL EXPOSURES

Have there been any liability incidents, claims or losses (whether insured or not) during the past 5 years? Yes No

If yes, provide all details: date of loss, type of damage (BI/PD), circumstances, payments to third parties, expenses paid, outstanding reserves.

CLAIM / LOSS DETAILS

COMMENTARY ON STEPS TAKEN TO PREVENT REOCCURRENCE / LOSS PREVENTION TECHNIQUES IMPLEMENTED

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 (# OF CARS, AREA TRAVELLED, TYPE OF SERVICE AGREEMENT IF LEASED)

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

IF YES, LIST DETAILS INCLUDING DOLLAR AMOUNT GENERATED AND DESTINATION COUNTRY

Do you have any USA or foreign locations? Yes No

IF YES, PROVIDE DETAILS

PRODUCTS SUPPLEMENT

APPLICANT'S ROLE (CHECK ALL THAT APPLY)

- Manufacturer
 Wholesaler / Distributor
 Other (describe below)

IF 'OTHER', PLEASE DESCRIBE

SALES & PRODUCTS HISTORY

| PERIOD | TOTAL GROSS REVENUE (\$) | PRODUCT | COUNTRIES | # OF UNITS |
|----------------|--------------------------|---------|-----------|------------|
| Past 12 Months | | | | |
| 2nd Prior Year | | | | |
| 3rd Prior Year | | | | |

PERCENTAGE OF SALES TO

| | | | | |
|---|---|---|---|---|
| CONSUMERS (DIRECTLY) % | RETAILERS % | WHOLESALEERS % | MANUFACTURERS % | CONTRACTORS % |
| <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |

WHO ARE YOUR TOP 3 MAJOR CUSTOMERS? INCLUDE NAME AND OPERATION.

COULD ANY OF YOUR PRODUCTS BE USED IN CONNECTION WITH THE FOLLOWING? (CHECK ALL THAT APPLY)

- | | | |
|--|--|---|
| <input type="checkbox"/> Aviation or Aerospace | <input type="checkbox"/> Railway Work | <input type="checkbox"/> Automobile |
| <input type="checkbox"/> Marine Work | <input type="checkbox"/> Transportation | <input type="checkbox"/> Off Shore |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Nutraceuticals |
| <input type="checkbox"/> Cosmetics | <input type="checkbox"/> Oil & Gas | <input type="checkbox"/> |

PRODUCTS SUPPLEMENT (continued)

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

IF YES, PROVIDE DETAILS (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 competitors' products? (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

PRODUCTS SUPPLEMENT (continued)

Do you design your own product? Yes No

% OF PRODUCTS MADE TO CUSTOMER'S SPECIFICATIONS

BRAND NAMES OF PRODUCTS

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 N/A

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

AVERAGE SELLING PRICE OF YOUR PRODUCT (PER PRODUCT LINE)

LIFE EXPECTANCY OF YOUR PRODUCTS

IF 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 any way? 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 / service / repair / install any of your products at the customers' site? Yes No

Do you have written procedures for recording product complaints, accidents or injuries? Yes No

BROKER INFORMATION

BROKER NAME

CONTACT PERSON

ADDRESS

EMAIL ADDRESS

PHONE #

FAX #

Is this a current client of your office?

 Yes No

CURRENT RENEWAL DATE

CURRENT INSURER

EXPIRING PREMIUM (\$)

EXPIRING LIMIT (\$)

EXPIRING DEDUCTIBLE (\$)

TARGET PREMIUM (\$)

LIABILITY COVERAGE AND LIMIT REQUIRED

SIGNATURE

DATE