

PRODUCTS LIABILITY INSURANCE SUPPLEMENT

Forming Part of the General Liability Application

swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977



DATE:

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Name of Applicant _____

If additional space is needed to answer any questions, please use the space provided on page 6 of this form.

PRODUCTS & COMPLETED OPERATIONS

Describe your products and services. Include and identify those acquired via acquisition or merger, those planned for introduction in the next 12 months and those previously discontinued. Show number of years involved with each product. Indicate which products you install, service or repair.

| Products and Services | Number of Years Product Sold | Principal End User | % of Gross Annual Sales | Install, Service or Repair |
|-----------------------|------------------------------|--------------------|-------------------------|----------------------------|
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NOTE: Attach brochures, catalogs, labels, instruction manuals, annual reports and product surveys

PRODUCT & SALES DATA

For Principal Products or Services indicate:

| | Product or Service | Total Sales or Receipts | % of Total Sales | Number of Units Sold |
|----------------------------|--------------------|-------------------------|------------------|----------------------|
| Past 12 months | | | | |
| 2 nd Prior Year | | | | |
| 3 rd Prior Year | | | | |
| 4 th Prior Year | | | | |
| 5 th Prior Year | | | | |
| Estimated next 12 months | | | | |

Replacement parts are what percentage of total sales? %

| | | | |
|--|--|--|--|
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|--|--|--|--|

Please answer the following

- Do you import products or component parts? Yes No
- Do you export products or have foreign operations? Yes No
- Could any of your products or services be used on or in connection with:
 - 1. aircraft/missile/aerospace? Yes No
 - 2. watercraft or offshore? Yes No
 - 3. transportation/transit? Yes No
 - 4. life support service or device? Yes No
- Do you make or handle any product that is explosive, flammable or poisonous either by itself or in combination with other material? Yes No
- Could any of your products be classified as:
 - 1. pharmaceuticals? Yes No
 - 2. cosmetics? Yes No
- Are any of your products sold under another Company's name or label? Yes No
- Do you purchase materials or components from others? Yes No
- Do you repackage or alter any parts of products purchased from others? Yes No

Please explain all of the above "Yes" answers below:

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Briefly describe how your product(s) are to be used:

Are you ISO Certified? Yes No

Are any of your products approved by independent bodies such as ULC, CSA, etc Yes No

If Yes, state which products and by whom approved.

PROCESSING

Do others assemble your products? Yes No

If assembly by others, do you supervise? Yes No

If installation by others, do you supervise or furnish instructions as to installation? Yes No

Do you maintain and service your products? If Yes, attach a copy of your standard service contract. Yes No

Who packages your products? _____

Who designs your packaging? _____

Who supplies the packaging material? _____

How are products packed when sold? _____

Is any sterile packaging involved? Yes No

Do you package for others? Yes No

Do you package under trade names other than your own? Yes No

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MARKETING

Percentage of totals sales to: _____ %
Wholesalers Retailers Consumers

List all products exported to U.S.A. and sales by product for the past four years, as well as estimated sales for the upcoming year .

| Products | Past 12 months | 2nd Prior Year | 3rd Prior Year | 4th Prior Year | 5th Prior Year | Estimated Sales next 12 months |
|----------|----------------|----------------|----------------|----------------|----------------|--------------------------------|
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List all products exported to countries other than the U.S.A. and sales by product for the past four years, as well as estimated sales for the upcoming year.

| Products | Past 12 months | 2nd Prior Year | 3rd Prior Year | 4th Prior Year | 5th Prior Year | Estimated Sales next 12 months |
|----------|----------------|----------------|----------------|----------------|----------------|--------------------------------|
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Please indicate approximate sales splits by country

| | |
|---------------|---------------|
| Country _____ | _____ % sales |
| Country _____ | _____ % sales |
| Country _____ | _____ % sales |
| Country _____ | _____ % sales |
| Country _____ | _____ % sales |
| Country _____ | _____ % sales |
| Country _____ | _____ % sales |
| Country _____ | _____ % sales |
| Country _____ | _____ % sales |
| Country _____ | _____ % sales |
| Country _____ | _____ % sales |

Suppliers and Distributors of your products

Do you hold them harmless or insure them? Yes No

Do they hold you harmless or insure you? Yes No

If Yes to either, please explain.

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LOSS PREVENTION

- Have your products ever been subject to inquiry or investigation relative to product safety by any governmental agency? *If Yes, attach details.* Yes No
- Do you have a written products recall plan? *If Yes, please attach.* Yes No
- Have you ever recalled products because of a potential product safety hazard? *If Yes, please attach details and indicate percentage of recovery.* Yes No
- Has your management issued a written policy statement on product safety which has been communicated to all employees? *If Yes, please attach.* Yes No
- Do you have a written products safety program for which specific individuals have responsibility for implementation? *If Yes, please attach a copy or outline.* Yes No

PRODUCT DESIGN

- Do you do your own design work? Yes No
- Do you maintain records of design changes and reasons justifying these changes? Yes No
- Are your designs subject to independent external review, testing or certification? *If Yes, please attach details and dates.* Yes No
- Are your products designed, tested, labeled and manufactured:
 - 1. to meet or exceed all government and industry standards? Yes No
 - 2. for optimum safety in spite of misuse or abuse? Yes No

QUALITY CONTROL AND TESTING

- Are written testing procedures followed? Yes No
- Do you have a quality control manager reporting only to senior management? Yes No

Supplies and Components:

- 1. Are they ordered to your specifications? Yes No
- 2. Have you determined which ones are critical to the safety of your final product? Yes No
- 3. List those critical items, indicating whether testing is on a sample basis or on all units:

- 4. Are warranties obtained from all suppliers? Yes No

Final Products:

- 1. Briefly describe tests applied before sales:

What percentage are tested?
%

Are records of results of quality control tests kept so that you can identify at a later date what tests you applied to a given product at a given time? Yes No

How far back do your records go?

If your products are manufactured to the specifications of your customers, do they test the product upon receipt? Yes No

Do you receive an acceptance sign-off from your customers? Yes No

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INSTRUCTIONS/WARNINGS/ADVERTISING/WARRANTIES

Are hazards inherent in the final product, and warnings against foreseeable misuse and abuse made known to the ultimate user by:

- 1. warning labels at the point of hazard? Yes No
- 2. written instructions? Yes No
- 3. other means? (Attach details) Yes No

Are warnings/instructions in English? Yes No

Are warnings/instructions in French? Yes No

Are warnings/instructions in another language? Yes No

If Yes, list languages:

Language _____

Language _____

Language _____

Language _____

Language _____

Are instructions, warnings, labels and advertising texts subject to review to assure that they are complete and understandable to the ultimate user and avoid overstatement relative to safety or omissions relative to hazards by:

- 1. Legal counsel? Yes No
- 2. Top management or ownership? Yes No
- 3. Other? Yes No

If Yes, provide details.

Do you expressly disclaim or limit warranties for your products? Yes No

Are all warranties and / or disclaimers reviewed by legal counsel? Yes No

Do you provide any specific training or instructions for the ultimate user in the proper use of your product? *If Yes, please describe.* Yes No

Are salesmen and distributors made aware of your desire to be informed of cases where your product is used for a purpose for which it was not designed? Yes No

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LOSS CONTROL AND DEFENSE

Can you determine, based on available records for all products you have sold:

- 1. when a given product item was manufactured? Yes No
- 2. to whom it was sold, and the date of sale? Yes No
- 3. who supplied parts and supplies going into the final product? Yes No

Do you maintain copies of old instruction or operation manuals and advertising material? Yes No

Accident procedure:

- 1. Do you have a written procedure for obtaining information about product complaints, accidents and injuries involving your products? Yes No
- 2. Have you made distributors aware of your desire for prompt notice of all complaints, accidents and injuries involving your product? Yes No
- 3. Does your procedure provide for examining and preserving any allegedly defective product with the results of such examination recorded? Yes No
- 4. Do reports on complaints, accidents, injuries and the examination of products involved go to the person responsible for product safety? Yes No
- 5. Are results used for improving the product/process procedures? Yes No

Additional Information (if any)

I declare that the statements and particulars in this questionnaire are true and that I have not mis-stated or suppressed any material facts. I agree that this questionnaire, together with any other information supplied by me shall form the basis of any contract of insurance effected thereon. I undertake to inform insurers of any material alteration to these facts whether occurring before or after completion of the contract of insurance.

Print Name and Title _____

DATE:

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|---|---|---|---|---|---|
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|---|---|---|---|---|---|

Signature of Applicant or Authorized Representative _____