

# PRODUCTS LIABILITY INSURANCE SUPPLEMENT

Forming Part of the General Liability Application

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



An SWG Company

DATE: 

D	D	M	M	Y	Y
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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

**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 <sup>nd</sup> Prior Year				
3 <sup>rd</sup> Prior Year				
4 <sup>th</sup> Prior Year				
5 <sup>th</sup> 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

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

### Please indicate approximate sales splits by country

<input type="text"/> Country	<input type="text"/> % sales
<input type="text"/> Country	<input type="text"/> % sales
<input type="text"/> Country	<input type="text"/> % sales
<input type="text"/> Country	<input type="text"/> % sales
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<input type="text"/> Country	<input type="text"/> % sales
<input type="text"/> Country	<input type="text"/> % sales
<input type="text"/> Country	<input type="text"/> % 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: 

D	D	M	M	Y	Y
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Signature of Applicant or Authorized Representative \_\_\_\_\_