



## PRODUCT LIABILITY QUESTIONNAIRE

- NOTES: (1) We require a **minimum** of 14 days to provide a quote.  
 (2) Please include Web Page URL, and email location Photos to [manager@jdsmithinsurance.com](mailto:manager@jdsmithinsurance.com)  
 (3) Please include a copy of recent Insurance Policy, and copy of COMPANY BROCHURES  
 (4) Please complete ALL sections of this questionnaire. If not applicable - indicate N/A

New Business  Renewal  Policy No: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

1. a) Applicant's business is: (provide full details of activities for each named insured, including dormant, inactive companies)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b) Year business established: \_\_\_\_\_

c) Business Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

d) Web-site address: \_\_\_\_\_

2. Location of all of Applicant's premises and operations – indicate Owner (O); Lessee (L); Tenant (T):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Payroll Revenue  
 a) Past year \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 b) Next year estimate \$ \_\_\_\_\_ \$ \_\_\_\_\_

4. Applicant is: Manufacturer  Distributor  Manufacturer's Agent  Welder  Installer  Other \_\_\_\_\_

List all Applicant's products and name of manufacturer (if insufficient space, attach a complete product list)

If you install only, please list the name of your suppliers and the main type of product you install (IE. Process Piping, Steel Girders, etc.)

<i>Product Type Made/Sold</i>	<i>Products Installed</i>	<i>Income from Each</i>	<i>Manufactured By</i>
1.			
2.			
3.			
4.			
5.			
6.			

**Attach Catalogue or Photo if not shown on web site**



J.D. SMITH & ASSOCIATES  
INSURANCE BROKERS INC.  
COMMITTED TO EXCELLENCE IN  
COMMERCIAL & PERSONAL  
INSURANCE SINCE 1979

a) Indicate final use of the manufactured component and if indirect sales are made to the U.S. Under "Other" below, indicate whose name product is sold under.

Applicant	Other
_____	_____
_____	_____
_____	_____

b) Can the product manufactured by the insured be altered by the end user? Yes  No

c) Are there any safety devices or labels that would prevent alteration? Yes  No

If "Yes", provide full details.

\_\_\_\_\_

\_\_\_\_\_

5. Are sales brochures/catalogues available? Yes  No  If "Yes", attach copies.

6. Are any of the above listed products or component parts used by the Applicant manufactured outside Canada?

Yes  No  If "Yes", provide details: U.S.A.  Other – Specify:

\_\_\_\_\_

\_\_\_\_\_

7. If Applicants products are manufactured by others, does the Applicant package, label, alter or test the products in any way?

Yes  No  If "Yes", provide details.

\_\_\_\_\_

\_\_\_\_\_

8. a) Describe and attach copies of any warranties or express guarantees which accompany products:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Describe any contracts where the Applicant has agreed to hold harmless any individual or organization:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Does Applicant maintain and/or service/install any products? Yes  No  If "Yes", attach a copy of the standard written service contract.

\_\_\_\_\_

\_\_\_\_\_

10. Are any products:      Yes      No      If "Yes", describe:
- Flammable                                  \_\_\_\_\_
- Explosive                                    \_\_\_\_\_
- Toxic                                            \_\_\_\_\_

11. Indicate areas of product distribution:

Canada      \_\_\_\_\_%                      U.S.A.      \_\_\_\_\_% (Specify product and states):

\_\_\_\_\_

\_\_\_\_\_

Other      \_\_\_\_\_% (Specify products by country):

\_\_\_\_\_

\_\_\_\_\_

12. Has any product been discontinued, or has a product recall been ordered, during the last five years?      Yes       No

If "Yes", provide reasons, dates, lists of products, and areas of product distribution.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Does the Applicant plan on introducing any new product(s) which will be marketed during the next 12 months?      Yes       No

a) If "Yes", provide details: \_\_\_\_\_

\_\_\_\_\_

b) Describe product testing procedures : \_\_\_\_\_

\_\_\_\_\_

14. Describe quality control structure and state to whom Quality Control Manager is directly responsible:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- b) Are written records kept?      Yes       No
- c) Are Products Certified?      ULC       CSA       Other \_\_\_\_\_
- d) Is the Applicant a member of the Industry Standard Association?      Yes       No       If "Yes", provide full details.

\_\_\_\_\_

\_\_\_\_\_

15. Does Applicant request proof of product liability insurance from suppliers of materials/components?      Yes       No
16. Can similar materials/components be identified as to suppliers?      Yes       No
17. Are all products labelled and marked in compliance with government regulations?      Yes       No

18. Are all products labelled clearly to indicate contents, instructions for use, warnings of potential hazard and emergency actions?

Yes  No  Attach copy of labels.

19. Are instruction manuals provided to indicate correct use, inherent hazards, maintenance requirements, assembly and installation precautions and other data relating to product safety? Yes  No  Attach copy of manuals.

20. Is the product clearly marked to indicate method for safe disposal of package or container? Yes  No

21. How are product rejects isolated/disposed of?

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22. Are records maintained to verify the quality control program? Yes  No

23. Are records available as to labelling, packaging and shipping instructions for all products? Yes  No

24. Are records maintained of batches, lots, runs, etc., to enable identification of a particular group of products that may be found defective?

Yes  No

25. Are records kept of complaints and corrective action taken? Yes  No

26. Does a product recall program exist? Yes  No  If "Yes", describe procedures.

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27. Describe all claims, including outstanding, and fees for the last five years including any accidents, facts, circumstances or allegations which may give rise to a claim:

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What action has been taken to eliminate future accidents?

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28. Who is the current insurer? \_\_\_\_\_ Renewal Date: \_\_\_\_\_ Policy No.: \_\_\_\_\_

29. Has any similar insurance applied for or carried by the Applicant been declined or cancelled by any insurer within the last three years?

Yes  No  If "Yes", provide details.

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30. Have there been any incidents not yet reported to the insurer that may result in claims against you? Yes  No

If "Yes", provide details.

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THE UNDERSIGNED DECLARES THAT ALL STATEMENTS MADE IN THE QUESTIONNAIRE AND THE INFORMATION IN DOCUMENTS SUBMITTED WITH IT ARE TRUE. SIGNING OF THIS DOCUMENT DOES NOT BIND THE APPLICANT TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE QUESTIONNAIRE SHALL BE THE BASIS OF THE CONTRACT, SHOULD A POLICY BE ISSUED.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Notes: