



LIONS GATE UNDERWRITING

MANUFACTURING AND WHOLESALE GENERAL LIABILITY APPLICATION

I. General Information

Named Insured (Full Legal Name): _____

Mailing Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Risk Location address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Name of Principal(s): _____

Website Address (if applicable): _____

Previous Insurer: _____

Expiring Premium and Date: _____

Has any Insurer cancelled, declined, or refused you coverage? (If 'yes', please provide details below) Yes No

Have there been any insured or uninsured losses in the past 5 years? Yes No

If 'yes', please provide details below:

DATE	DESCRIBE LOSS AND PRECAUTION TAKEN SINCE	RESERVE OR PAID OUT AMOUNT

II. General Liability Underwriting Information

Year Business Established: _____

Experience of Principals (years): _____

Number of Employees:

A. Full Time: _____ Part Time: _____

B. Are all employees covered under WSIB or Workers' Compensation: Yes No

The applicant is a: Manufacturer Wholesaler Retailer

Description of Operations, including details of the products manufactured or distributed by you:

If you have a product brochure, catalogues, company literature, labels or product safety please attach to this form

How are your products distributed?

% Wholesalers: _____ % Retailers: _____ % Direct to Customer: _____

Is any manual work performed at client's site? E.g. Installation, assembly of products or repair services: Yes No

A. If yes, please provide details of service:

B. Does the applicant subcontract work to others? Yes No

C. Any installation work carried out in the USA? Yes No

Please state the percentage split of your income generated in the categories listed below:

Gross Revenue for the past 12 months		Estimated next 12 months	
Product Sales	Installation /Repair Service	Product Sales	Installation /Repair Service
Canada: \$	\$	\$	\$
USA: \$	\$	\$	\$
Other***: \$	\$	\$	\$
Total: \$	\$	\$	\$

***Please list specific countries:

III. Product Information

How many years have you been manufacturing, processing, assembling, or distributing these products? :

Do you anticipate any changes in your product line over the next 12 months: Yes No

If 'yes', please explain:

Do you import products outside of North America: Yes No

A. If 'yes', please provide location details of imports and the type of products imported:

B. Do you maintain full rights of recourse against suppliers? Yes No

C. Do you ensure that your suppliers have their own products liability insurance? Yes No

Are any of your products safety critical? Yes No

If 'yes', please provide details of the principal and end users:

Are any of your products incorporated into marine craft, aircraft, aerospace craft, nuclear devices, nuclear systems, or automobiles? Yes No

If 'yes', please provide details:

IV. Quality Control

Do you maintain a written quality control program? Yes No

Are records or results of quality control tests kept to identify what tests were applied to a given product at a given time? Yes No

Are your products designed, tested, labeled, and manufactured to meet or exceed all government and industry standards? Yes No

Which standards apply? ULC CSA OSHA FDA Other:

Do you have written emergency product recall procedure? Yes No

Have you ever or are you planning to recall any product(s)? Yes No

If 'yes', please provide details

Do you ever perform your own design work? Yes No

If 'yes', please provide details of your in-house design team:

Are your designs subject to independent external review, testing, or certification? Yes No

If 'yes', by whom. Provide details:

V. Coverage Requirements

Commercial General Liability: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000
Deductible: \$1,000 \$2,500 \$5,000 \$10,000

Optional Coverage:

Manufacturers Errors & Omissions: \$250,000 \$500,000 \$1,000,000
Product Recall Limit: \$25,000 \$50,000

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

- i. To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.
- ii. That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____ Title: _____

(Principal, Partner or Officer)

Print Name: _____ Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Broker Signature: _____ Date: _____