**APPLICANT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of applicant: |  | | | | |
|  |  | | | | |
| Mailing address: |  | | | | |
|  | *Civic number, street* |  |  |  |  |
|  | *City* |  | *Prov.* |  | *Postal code* |

**SUPPLEMENTAL QUESTIONS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Number of year(s) in business: | |  | | |  | | Number of year(s) of experience: | | | | | |  | | |
| **Give sales revenues of all products manufactured, sold or distributed by the applicant IN CANADA, in the UNITED STATES or ELSWHERE.** | | | | | | | | | | | | | | | |
| **Product** |  | | **Receipts in Canada** |  | | **Receipts in USA** | |  | **Receipts elswhere** | | | | | | |
|  |  | | $ |  | | $ | |  |  | | | | |  | $ |
|  |  | | $ |  | | $ | |  | *Country* | | | | |  | $ |
|  |  | | $ |  | | $ | |  | *Country* | | | | |  | $ |
|  |  | | $ |  | | $ | |  | *Country* | | | | |  | $ |
|  |  | | $ |  | | $ | |  | *Country* | | | | |  | $ |
|  |  | |  |  | |  | |  | *Country* | | | | |  |  |
| **Does the applicant manufacture the complete product?** | | | | | | | | | | | Yes  No | | | | |
| Describe main components or materials of these products and their origin: | | | | | | | | | | | | | | | |
| **Product** |  | | **Components or materials** | | | | | | |  | | **Origin** | | | |
|  |  | |  | | | | | | |  | |  | | | |
|  |  | |  | | | | | | |  | | *Country* | | | |
|  |  | |  | | | | | | |  | | *Country* | | | |
|  |  | |  | | | | | | |  | | *Country* | | | |
|  |  | |  | | | | | | |  | | *Country* | | | |
|  |  | |  | | | | | | |  | | *Country* | | | |
| Does the applicant deliver, install or service his products after sale? | | | | | | | | | | | Yes  No | | | | |
| **If YES, complete ANNEX 2 – GENERAL CONTRACTOR** | | | | | | | | | | |  | | | | |
| Is there a quality control procedure in place? | | | | | | | | | | | Yes  No | | | | |
| If **YES**, specify: |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |

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| --- | --- | --- |
| **Describe the methods used to market the applicant’s products (manufacturers’ representatives, wholesalers, retailers, internet, etc.).** | | |
|  | | |
| Does the applicant plan to introduce any new products over the next 12 months? | | Yes  No |
| If **YES**, specify: |  | |
|  | | |
| **Does the applicant maintain a complete inventory records of all shipments?** | | Yes  No |
| If **YES**, specify: |  | |
|  | | |
| **Have the products of the applicant ever been subject to any investigation by government?** | | Yes  No |
| If **YES**, specify: |  | |
|  | | |
| Have any products of the applicant ever been recalled for any reason? | | Yes  No |
| If **YES**, specify: |  | |
|  | | |
| **Has any product of the applicant have been discontinued or sales stopped by the applicant in the last 5 years?** | | Yes  No |
| If **YES**, which product and give reasons: |  | |
|  | | |
| **Are any of the products of the applicant subject to deterioration?** | | Yes  No |
| If **YES**, over what period of time? |  | |
|  | | |
| **Are any products of the applicant flammable or explosive?** | | Yes  No |
| If **YES**, give details: |  | |
|  | | |
| **Does the applicant issue guarantees/warranties to buyers?** | | Yes  No |
| If **YES**, for what period? |  | |
|  | | |
| Does the applicant have any agreements to hold vendors, distributors or others harmless from any claims or lawsuits? | | Yes  No |
| If **YES**, attach copies of agreement. | | |
| Are the products of the applicant accompanied by any written brochures, instructions or other written statements? | | Yes  No |
| If **YES**, attach copies of documents. | | |

**ADDITIONAL INFORMATION**

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|  |

**STATEMENT**

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| --- | --- | --- |
| THE APPLICANT CERTIFIES THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO INFORMATION HAS BEEN SUPPRESSED OR MISSTATED. | | |
|  |  |  |
| *Signature of applicant*  If signed in the name of a company, indicate the position occupied: |  | *MM/DD/YY* |
| **The application must be signed by an officer, a director of the applicant Named Insured.** | | |
|  |  |  |
| *Signature of broker* |  | *MM/DD/YY* |

To send your quote request or to contact our team, write us at: [mtl.cgl@tottengroup.com](mailto:tot.cgl@tottengroup.com) .  
Our team will be happy to see if we can help you with your risk!