

PISTAGNESI·DOYON

AGENCE DE SOUSCRIPTION

**Professional Insurance Underwriting and Marketing through
Service Integrity and Stability**

MANUFACTURERS AND/OR DISTRIBUTORS SUPPLEMENTAL APPLICATION

**This Supplemental Application must be submitted along with
Our main Security Service Liability Insurance Application**

1. Applicant Name

| 2. Description of Operations | | Estimated Annual Income | Payroll |
|-------------------------------------------------|-------------|-------------------------|---------|
| <input type="checkbox"/> Alarm Systems | Total Sales | \$ | \$ |
| -Manufacturing | | \$ | \$ |
| -Installation & Maintenance | | \$ | \$ |
| -Monitoring | | \$ | \$ |
| <input type="checkbox"/> Fire Protection System | Total Sales | \$ | \$ |
| -Manufacturing | | \$ | \$ |
| - Installation & Maintenance | | \$ | \$ |
| - Monitoring | | \$ | \$ |
| TOTAL of above Services | | \$ | \$ |

3. a) Describe years of experience in this line of business

b) Address of other locations

c) Geographical area of operation

d) Does your firm provide, or anticipate any sales outside Canada? Yes No
If yes to the above question, please provide details

Does your firm provide any operations outside Canada? Yes No
If yes to the above question please provide details

Annual U.S.A. sales or operations

| | |
|----------------|----|
| Product | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

Other Countries

| | |
|----------------|----|
| Product | \$ |
| | \$ |

4. Does your company sub-contract any operations to other companies? Yes No
If yes describe the operations sub-let

Indicate annual gross cost of sub-let work \$

Do your sub-contractors carry their own CGL insurance, including Failure to Perform Coverage? Yes No

Do you require liability certificates? Yes No

Does your company provide sub-contract work for other companies? Yes No

If yes list the names of these companies and confirm the operations performed

5. Are formal written contracts signed? Yes No
Do they contain a hold harmless agreement in your favor? Yes No

6. Do you handle explosives or gases away from your premises Yes No
Do you provide any welding away from your premises Yes No
If yes provide details and safeguards taken

7. PROVIDE A FULL LIST OF PRODUCTS AND SERVICES AND ATTACH BROCHURES.

8. Are all products U.L.C. listed and CSA approved? Yes No

9. Describe you quality control program:

Testing of incoming raw material and components
Testing of final product or installation
Records kept: for how many years?

Completion of this application does not bind the Company to provide the insurance. It is agreed, however, that this application shall form the basis of the contract, should the policy be issued by the Company.

I declare that to the best of my knowledge and belief, all of the foregoing statements are true and that these statements are the declarations upon which an insurance policy may be issued.

Signature of Insured:
Title:

Date:

SUBMITTED BY:
EMAIL: