

Application addendum



Information technology and multimedia insurance – Manufacturing

Complete this application addendum only if you provide manufacturing services.

1. Please provide a complete description of any product manufactured by you or by a third party, distributed or sold. Please include details of who is manufacturing it, where and the name of the product.

2. If the applicant is involved in product design, development or manufacturing, does the applicant always:
- (a) Document and test all products? YES NO
- (b) Retain records for the life of the products? YES NO
- (c) Provide user documentation? YES NO
3. Does the applicant have formal quality control procedures in place for products manufactured? YES NO
4. Do all products have serial numbers or other similar identification markings that allow the applicant to identify them as their products and the date manufactured? YES NO
5. Does the applicant have an established products recall plan? YES NO
6. Has the applicant ever had to recall any of their products in the past? YES NO
7. Does the applicant provide training for their clients on their products and services? YES NO

Applicant's consent to the transmission of the information contained in the application form

I hereby acknowledge that the information collected in the application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

I acknowledge that specific details of Victor's Privacy Notice can be found at www.victorinsurance.ca.

Signature

Name of applicant (please print)

Title/Position

Signature of applicant

Date (dd/mm/yyyy)