

FIRSTBROOK, CASSIE & ANDERSON LTD. - INSOLVENCY INSURANCE PROGRAM

Tel: 416-486-1421 Toll Free: 800-267-0281 Fax: 416-486-7035 Website: www.fcainsurance.com
1867 Yonge St., Suite 300, Toronto ON M4S 1Y5

LONG TAIL LIABILITY APPLICATION

Trustee Log No. _____

FC&A Master File No. _____

NAME OF ESTATE: _____

TRUSTEE FIRM: _____ OFFICE (CITY): _____ FAX: () _____

ESTATE MANAGER: _____ EMAIL: _____ TEL: () _____

OTHER CONTACT: _____ EMAIL: _____ TEL: () _____

1. Date Long Tail cover to start: (normally the cancellation date under the monthly billing portion of the Insolvency Insurance Program)				
2. Describe in detail:	Description			
(a) Products manufactured / processed during your appointment:				
(b) Products distributed / sold during your appointment (no manufacturing or processing):				
(c) Operations completed during your appointment (contractors etc.):				
3. If a distributor / wholesaler, in what countries were goods manufactured?				
4. Total receipts for products sold / operations completed during your appointment:	Canada	USA	Other (describe below*)	Total
	*Other countries:			

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Loss Experience

5. Is the applicant aware of any circumstances, injuries or offences which have yet to result in a claim or suit being filed, including losses arising out of discontinued or sold operations or from products no longer manufactured?	
6. Please provide a description of any claims (open or closed), including the date of loss, payouts and a brief description	
7. If a product is sold, what is the anticipated life span of the product?	
8. How are products tracked after sale? Do batches have lot numbers, serial numbers, "best before" dates etc?	
9. Does the company have a product recall plan or procedure in place?	

The applicant confirms that the statements and information contained in this application are true and complete and that no material information has been withheld or misrepresented. The applicant agrees that this application and any subsequent changes thereto will be incorporated into and constitute part of the policy and acknowledges that the insurer has and will rely upon such application and changes.

Date: _____

Signature of Estate Manager: _____