



#103, 8411-200th Street, Langley, BC V2Y 0E7 Telephone: (604) 888-0050 Fax: (604) 888-1008

COMMERCIAL GENERAL LIABILITY APPLICATION

APPLICANT

1. Name of applicant {and all subsidiaries):
2. Name of principal(s):
3. Address of applicant (include postal code):
4. Applicant's web page address: www.
5. In business since:

EXPOSURE INFORMATION

6. Premises Exposure (list locations owned,occupied,leased or rented by applicant):

—

If owned by applicant give area of premises (including parking lots) and list of tenants (if any):

—

If rented or leased by applicant give area occupied by applicant and annual rent:

7. Operations Exposure (describe all operations of applicant & estimated annual receipts):

TYPE OF OPERATION

RECEIPTS/SALES

_____	_____
_____	_____
_____	_____

Canadian Sales _____% U.S. Sales _____% Foreign Sales _____ % (Specify Countries)

Any repairs and/or installations away from own premises? If yes, describe _____

Are subcontractors used? If yes, provide details of work and cost or work _____

Is proof of insurance obtained from subcontractors? If yes, specify limits _____

8. Products Exposure (describes all products of applicant & estimated annual sales):

“ATTACH BROCHURES AND SALES LITERATURE”

<u>TYPE OF OPERATION</u>	<u>SALES</u>
_____	_____
_____	_____
_____	_____

Canadian Sales _____% U.S. Sales _____% Foreign Sales _____%(Specify Countries)

WHOLESALE/DISTRIBUTERS:

Any alterations to products, including repackaging? If yes, describe. _____

Specify countries where products are manufactured _____

9. Other Exposures:

Total number of employees _____ Annual payroll _____

Number of employees not subject to Workmen’s Compensation Act _____

Any agreements whereby liability is assumed by applicant? If yes, describe _____

OTHER INFORMATION:

10. Liability Claims (last 5years):

<u>DATE OFLOSS</u>	<u>DESCRIPTION OF LOSS</u>	<u>RESERVE</u>	<u>PAID</u>	<u>EXPENSE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. Present Insurer _____ Policy# _____ Expiry Date _____ Premium _____

Previous insurance cancelled or declined? If yes, provide details _____

12. Any Other Comments:

COVERAGES:

Commercial General Liability: Limit any one occurrence \$ _____

Aggregate Limit \$ _____

Deductible (Bodily Injury & Property Damage) \$ _____ (Minimum \$1,000)

Some noted exclusions: Pollution (except hostile fire)

- ©Fungi & mold ©inefficacy
- ©Asbestos ©Abuse or Molestation
- ©Data ©Institute Cyber Attack Exclusion
- ©Terrorism

Medical Payments: Limit any one occurrence \$ _____

Tenants Legal Liability (Broad Form): Limit \$ _____

Non Owned Automobile {SPF#6}: Limit \$ _____

SEF#99 (Excluding long term lease) Included

SEF#94: Limit any one automobile \$ _____ Deductible \$ _____

Other Coverages:

DECLARATION

I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts that would be likely to influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

Protection and Electronic Documents Act (PIPEDA)

Signature of Applicant

Name of Broker

Position

Address of Broker

Date