



#103-8411 200<sup>th</sup> STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604)888-0050 FAX: (604)888-1008

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## LIABILITY - SURVEY OF HAZARDS

Broker: \_\_\_\_\_ Date: \_\_\_\_\_

(1 A) Full Names of All Applicants: \_\_\_\_\_  
\_\_\_\_\_

(I B) Names of Principals: \_\_\_\_\_  
\_\_\_\_\_

(2) Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

(3A) Business:

i. Describe all operations in detail. \_\_\_\_\_  
\_\_\_\_\_

Attach brochure(s) if any.

ii. Any U.S. exposure? If so, describe \_\_\_\_\_  
\_\_\_\_\_

iii. Any other foreign country exposure? If so, describe. \_\_\_\_\_  
\_\_\_\_\_

(3B) How long in business: \_\_\_\_\_

(3C) Financial: Attach a copy of the latest audited financial statement.

(3D) Contact Name and Phone No.: \_\_\_\_\_

(For inspection purposes)

(4) Location of Premises: \_\_\_\_\_ Fully describe operations at each location

(a) \_\_\_\_\_ (a) \_\_\_\_\_

(b) \_\_\_\_\_ (b) \_\_\_\_\_

(c) \_\_\_\_\_ (c) \_\_\_\_\_

(5) Elevators - Escalators:

| Number | Location | Description |
|--------|----------|-------------|
| (a)    | _____    | _____       |
| (b)    | _____    | _____       |
| (c)    | _____    | _____       |

(6) Are any of the above premises leased or rented in their entirety to others who control and operate the premises? \_\_\_\_\_

(7) (a) Detail fully, area(s) in which operations are conducted: \_\_\_\_\_  
\_\_\_\_\_

b) Any U.S. Exposure..\_\_\_\_\_ if yes, extent \_\_\_\_\_

(c) Any U.S. Installation, \_\_\_\_\_ if yes, extent \_\_\_\_\_

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(8) Are all employees covered by Workmen's Compensation? Yes  NO

If No,

i. give number and types of employees not covered by Workers Compensation \_\_\_\_\_

ii. Actual payroll of these employees \$ \_\_\_\_\_

(9) Is Employers' Liability required? Yes  No

If yes, advise number and occupation of employee: \_\_\_\_\_

(10) Is Voluntary Compensation required? Yes  No

If yes, indicate limit of liability required \$ \_\_\_\_\_

(11) Tenants Legal Liability

(a) Location of premises: \_\_\_\_\_

(b) Amount to be insured: \$. \_\_\_\_\_

(c) Is there a lease agreement? Yes  No

If yes, provide copy. \_\_\_\_\_

(12) Is there any use of radioactive materials? Yes  No

(13) Do you operate a hospital or employ a physician, surgeon, dentist or healthcare worker?  
Yes  No

If yes, specify number of employees by their profession: \_\_\_\_\_

- (14) Do you operate any aircraft or watercraft? Yes  No
- (15) Do you charter, rent or lease any aircraft or watercraft? Yes  No
- (16) Do you engage in any of the following operations?
- (a) Demolition or wrecking Yes  No
  - (b) Shoring Yes  No
  - (c) Underpinning Yes  No
  - (d) Caisson Work Yes  No
  - (e) Excavation Yes  No
  - (f) Use of Explosives Yes  No
  - (g) Raising or moving of buildings and structures Yes  No
  - (h) Tunneling Yes  No
  - (i) Welding Yes  No

(17) Details of operations involving the use of welding equipment, blowtorches, or other similar equipment away from premises owned, occupied or used by the insured: \_\_\_\_\_  
 \_\_\_\_\_

- (18) Does Forest Fires Prevention Act apply? Yes  No
- (19) Do you have special agreements with Dept, of Lands and Forests? Yes  No

(20) Products manufactured, handled, sold and distributed - indicate type and gross sales and complete the attached Products Liability Insurance Supplement

| <u>Type of Product</u> | <u>Gross Annual Sales</u> |             |              |
|------------------------|---------------------------|-------------|--------------|
|                        | <u>Canada</u>             | <u>U.S.</u> | <u>Other</u> |
| (a) _____              | \$ _____                  | \$ _____    | \$ _____     |
| (b) _____              | \$ _____                  | \$ _____    | \$ _____     |
| (c) _____              | \$ _____                  | \$ _____    | \$ _____     |

(25) Detail fully and breakdown type(s) of operations and work performed by Insured (Including split by country):

| <u>Operation</u> | <u>Payroll</u> | <u>Gross Annual Receipts</u> |
|------------------|----------------|------------------------------|
| (a) _____        | \$ _____       | \$ _____                     |
| (b) _____        | \$ _____       | \$ _____                     |
| (c) _____        | \$ _____       | \$ _____                     |
| (d) _____        | \$ _____       | \$ _____                     |
| (e) _____        | \$ _____       | \$ _____                     |

(26) Contractual: List all lease agreements, railway siding agreements etc.  
(Obtain copies of agreements where possible).

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(27) Contractors Protective: A) Cost of work Sub-Let: \$ \_\_\_\_\_

B) Type of work ? \_\_\_\_\_

(28) Are sub-contractors required to carry liability insurance? Yes  No   
If yes, specify required limits \_\_\_\_\_

(29) Do you ask sub-contractors to submit liability certificates? Yes  No

(30) Do you enter into formal contractual agreements with your sub-contractors? Yes  No

If so do you include a "Hold Harmless" clause in your favour? Yes  No

Submit copy of usual contract form. \_\_\_\_\_

(31) STATE LIMITS OF LIABILITY REQUIRED

\$ \_\_\_\_\_ Inclusive Limit

Each Occurrence & Aggregate Products/Completed Operations

N.B. It is the right of the Insurer to modify or delete any of the above by endorsement.

CHECK (V) ADDITIONAL COVERAGE REQUIRED

\_\_\_\_\_ Broad Form Vendors

\_\_\_\_\_ Employee Benefits E&O Limit: \$ \_\_\_\_\_

\_\_\_\_\_ SEF/OEF/QEF #94 - PP & LC only Limit: \$ \_\_\_\_\_

\_\_\_\_\_ Employers Liability Limit: \$ \_\_\_\_\_

\_\_\_\_\_ Voluntary Compensation

\_\_\_\_\_ Forest Fire Fighting Expense Limit: \$ \_\_\_\_\_

\_\_\_\_\_ Other (specify) \_\_\_\_\_



QUESTIONS TO BE ANSWERED BY BROKER

1. Do you know the Applicant personally? \_\_\_\_\_

If so, for how long? \_\_\_\_\_

2. Did you receive the order direct from the Applicant? \_\_\_\_\_

If no, from whom and why? \_\_\_\_\_

3. Do you handle other Insurance for Applicant? \_\_\_\_\_

4. Do you recommend this risk in every respect? \_\_\_\_\_

5. Is this risk a renewal to your Office? \_\_\_\_\_

If so, how long have you placed insurance on this risk?

DATE:  
\_\_\_\_\_

BROKER'S SIGNATURE:  
\_\_\_\_\_