

# 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	Receipt/Sales
_____	_____
_____	_____
_____	_____

Canadian Sales \_\_\_\_\_% U.S. Sales \_\_\_\_\_% Foreign Sales \_\_\_\_\_% (Specify countries) \_\_\_\_\_

Any repairs and/or installations away from own premises? Yes No If yes, describe: \_\_\_\_\_

Are subcontractors used? Yes No If yes, provide details of work and cost of work: \_\_\_\_\_

Is proof of insurance obtained from subcontractors? Yes No If yes, specify limits: \_\_\_\_\_

8. Products Exposure (describe all products of applicant & estimated annual sales): **"Attach brochures and sales literature"**

Type of Operation	Sales
_____	_____
_____	_____
_____	_____

Canadian Sales \_\_\_\_\_% U.S. Sales \_\_\_\_\_% Foreign Sales \_\_\_\_\_% (Specify countries) \_\_\_\_\_

**WHOLESALE/DISTRIBUTERS:**

Any alterations to products, including repackaging? Yes No 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? Yes No If yes, describe: \_\_\_\_\_

**OTHER INFORMATION**

10. Liability Claims (last 5 years):

Date of Loss	Description of Loss	Reserve	Paid	Expense

11. Present Insurer \_\_\_\_\_ Policy # \_\_\_\_\_ Expiry Date \_\_\_\_\_ Premium \_\_\_\_\_

Previous insurance cancelled or declined? Yes No 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
- Asbestos
- Data
- Terrorism
- Inefficacy
- Abuse or Molestation
- Institute Cyber Attack Exclusion

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: \_\_\_\_\_ Name of Broker: \_\_\_\_\_

Position: \_\_\_\_\_ Address of Broker: \_\_\_\_\_

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

# COMPREHENSIVE GENERAL LIABILITY QUESTIONNAIRE

## APPLICANT

1. Name of applicant (and all subsidiaries): \_\_\_\_\_

2. Address: \_\_\_\_\_

## BUSINESS INFORMATION

3. Description of operations: \_\_\_\_\_

4. Number of years in business: \_\_\_\_\_

5. Present insurer: \_\_\_\_\_ Premium: \_\_\_\_\_

6. Buildings or premises and addresses: \_\_\_\_\_

Location(s): \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

If owned, give area occupied by YOU: \_\_\_\_\_ OTHERS: \_\_\_\_\_

If rented, give area occupied by YOU: \_\_\_\_\_ ANNUAL RENT: \_\_\_\_\_

7. Products Liability:

a) Give total estimated annual sales: \_\_\_\_\_

b) Provide brochures and sales literature if available: \_\_\_\_\_

c) Nature of product(s): \_\_\_\_\_

d) Total sales: \_\_\_\_\_

e) Proportion of product sold but not manufactured: \_\_\_\_\_

f) Proportion of foreign sales and describe country: \_\_\_\_\_

8. Completed operations (give total estimated annual receipts including cost of materials and labour):

Type of Operation: \_\_\_\_\_ Total Receipts: \_\_\_\_\_

9. Estimated annual payroll: \_\_\_\_\_

a) Clerical and administration: \_\_\_\_\_

b) Salesmen (in and out): \_\_\_\_\_

c) Manufacturing or plant: \_\_\_\_\_

d) Installation or erection: \_\_\_\_\_

e) Servicing: \_\_\_\_\_

f) Warehouse including shipping: \_\_\_\_\_

10. Total number of employees: \_\_\_\_\_

11. Number of employees who are not subject to Workmen's Compensation Act: \_\_\_\_\_

12. Elevators (owner or for which you are responsible by lease agreement): \_\_\_\_\_

Location(s): \_\_\_\_\_

Number(s): \_\_\_\_\_

Type (passenger and/or freight elevator): \_\_\_\_\_

13. Independent contractors (give estimated cost of work given to independent contractors): \_\_\_\_\_
- a) As owner of buildings, repair and maintenance: \_\_\_\_\_
- b) As a general contractor or contractor: \_\_\_\_\_
- c) Others (describe): \_\_\_\_\_
14. Contractual Liability:
- Railway sidings; crossings or right of ways
- a) Give name of railway company: \_\_\_\_\_
- b) Name: \_\_\_\_\_
- c) Location(s): \_\_\_\_\_
- \_\_\_\_\_
- Other Agreements whereby liability is assumed:
- a) Give nature: \_\_\_\_\_
- b) Submit copy(ies) of agreement(s): \_\_\_\_\_
15. Special premises or operations hazards (give description on separate sheet where necessary):
- a) Watercraft: \_\_\_\_\_
- Owned or Chartered: \_\_\_\_\_
- Type: \_\_\_\_\_
- Number: \_\_\_\_\_
- Length: \_\_\_\_\_
- HP: \_\_\_\_\_
- b) Private Docks or Warfs: \_\_\_\_\_
- Location(s): \_\_\_\_\_
- Number: \_\_\_\_\_
- c) Swimming Pool: \_\_\_\_\_
- Location(s): \_\_\_\_\_
- Number: \_\_\_\_\_
- Size: \_\_\_\_\_
- d) Private Roads: \_\_\_\_\_
- Location(s): \_\_\_\_\_
- Number: \_\_\_\_\_
- Mileage: \_\_\_\_\_
- e) Mechanical truck loading or unloading facilities: \_\_\_\_\_
- f) Radioactive Material: \_\_\_\_\_ Nature: \_\_\_\_\_
- Use: \_\_\_\_\_
- g) Number of aircraft leased or chartered during the year: \_\_\_\_\_ Cost \_\_\_\_\_
- h) Give description and location of any dams, water stave lines, private railroads: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

i) Give percentage (%) of the following operations:

Blasting: % \_\_\_\_\_

Wrecking or Demolition: % \_\_\_\_\_

Shoring or Underpinning: % \_\_\_\_\_

Pile Driving: % \_\_\_\_\_

Logging: % \_\_\_\_\_

16. Non-Owned Automobile - give number of employees using their cars on Company business: Regularly: \_\_\_\_\_ Occasionally: \_\_\_\_\_

Give estimated annual cost of hired cars: \_\_\_\_\_

Give estimated annual cost of cars operated under contract: \_\_\_\_\_

17. Accident prevention and first aid:

a) First aid posts: \_\_\_\_\_

Doctors Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Nurses Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

b) Fire Alarm \_\_\_\_\_

Other Warning Systems \_\_\_\_\_

c) Is a security officer or loss prevention engineer employed? Yes No

18. Liability claim (last 5 years): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Give list of claims and their nature, ie Third Party Bodily Injury or Property Damage (or Injury to Employees, other than when covered by Workmen's Compensation):

Description: \_\_\_\_\_ Type: \_\_\_\_\_ Amount: \_\_\_\_\_

Coverage Requirements: Limit: \$: \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

The applicant certifies that the above statements and facts are true and that no material (acts have been suppressed or misstated.)

Applicant: \_\_\_\_\_

By: \_\_\_\_\_

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