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| Application  Commercial General Liability |

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| 1. **THE APPLICANT** |

1. Name of Applicant:
2. Address of Applicant:
3. A Corporation

A Partnership

An Individual

Other:

1. Description of operations:
2. Years of experience:
3. Year of incorporation/or in business:
4. Name and address of subsidiaries:

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| 1. **LIMIT OF LIABILITY REQUIRED: $****,000,000 CGL** |

1. Effective date of insurance:
2. Name of present insurer:
3. Has any insurer ever refused or cancelled any insurance?  YES  NO

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| 1. **LEASED PROPERTY** |

1. Describe all buildings:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LOCATION | AREA | OCCUPANCY | ANNUAL RENT | CONSTRUCTION |
|  |  |  |  |  |
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1. Does the Applicant have any interest as owner, lessee or tenant in the following?:

Freight and/or passenger elevator:  YES  NO

If yes, specify number, type, capacity, use and location(s):

Lots:  YES  NO

If yes, specify location, area, use:

Owned watercraft:  YES  NO

OR

Leased or chartered watercraft:  YES  NO

If yes, specify number, type, length, HP:

Leased aircraft:  YES  NO

If yes, specify the number and annual cost of leasing:

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| 1. **OPERATIONS** |

1. Description of Applicant’s operations and annual sales:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OPERATIONS**  **PRODUCTS** | **GROSS ANNUAL RECEIPTS** | **% DISTRIBUTION** | | | |
| Canada | USA | Other | Total |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |

1. Number of employees and annual payroll:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **ADMINISTRATION** | **SERVICE** | **SALES** | **OTHER** | **TOTAL** |
| Employees |  |  |  |  |  |
| Annual Payroll |  |  |  |  |  |

1. Does the Applicant handle any material that could cause pollution?

YES  NO

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| 1. **INCIDENTAL MALPRACTICE LIABILITY** |

1. Does Applicant operate a hospital, a clinic or first aid facility?:

YES  NO

If yes, specify:

|  |  |  |
| --- | --- | --- |
|  | **Full Time** | **Part Time** |
| **Number of doctors** |  |  |
| **Number of nurses** |  |  |

1. Is individual liability of employed doctors and nurses covered by insurance?:

YES  NO

If yes, what are the limits of insurance provided?:

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| 1. **CONTRACTUAL LIABILITY** |

1. Does the Applicant assume any liability, by contract, verbal or written agreement?:

YES  NO

If yes, attach wording of such contract or written agreements?:

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| 1. **PRODUCTS LIABILIITY** |

1. List by category, all products manufactured, sold, handled, or distributed by the Applicant:

|  |  |
| --- | --- |
| **PRODUCT** | **ANNUAL RECEIPTS** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. Specify the percentage of annual sales:

|  |  |
| --- | --- |
| In Canada | % |
| In the USA | % |
| Other Countries | % List the countries: |

1. Give details of operations away from Applicant’s premises:
2. Describe products whose manufacturing has ceased.

Give reasons for discontinuing production and year:

Specify annual sales:

1. Does Applicant have operations outside Canada?:

YES  NO

If yes, in which country and what is the corresponding amount?:

1. Has the Applicant included brochures or other relevant documentation concerning the products?:

YES  NO

1. Are there any products or activities related to nuclear energy or defense?:

YES  NO

1. Do any products or activities imply usage of radio-isotopes or radioactivity?:

YES  NO

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| 1. **OTHER EXPOSURES** |

Is the Applicant subject to the following risks?:

1. Work committed to sub-contractors or independent contractors?:

YES  NO

Type of work:

Annual costs:

1. Railroad operation:

YES  NO

Fully describe any railway network owned, used or operated by the insured:

1. Advertising:

YES  NO

If yes, description:

Estimated annual advertising expenditure over $10,000:

Advertising agency:

Description of unusual advertising activities such as contests, exhibits:

1. Pollution (chemical products, gases, wastes):

YES  NO

Specify quantities, methods of storage and handling, methods of transportation off-premises, permission given to others to dispose of waste on premises, type of supervision:

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| 1. **EMPLOYER’S LIABILITY** |

Is Government Workmen’s Compensation Insurance available in all provinces in which the Applicant conducts business?:

YES  NO

If yes, does Applicant take advantage of it?

YES  NO

If no, specify provinces and payroll:

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| 1. **AUTOMOBILE** |

1. Number of vehicles:

|  |  |
| --- | --- |
| Private |  |
| Light |  |
| Heavy |  |
| Motorized Equipment |  |
| Trailers |  |
| Buses |  |

1. Number of employees using their car for company business:
2. Are vehicles used for long haul?:

YES  NO

Across the country?:

YES  NO

If yes, which provinces?:

In the United States?:

YES  NO

If yes, which States?:

If yes, specify:

Products of the Insured:

Products of others:

1. Are vehicles utilized in the transportation of flammable, caustic or explosive substances?:

YES  NO

1. Are there any non-owned vehicles/if yes, give details:

YES  NO

Number:

Use:

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| 1. **PREVIOUS LOSS EXPERIENCE** |

List all liability claims within the last five (5) years, whether settled or not:

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| --- | --- | --- | --- |
| **BODILY INJURY** | **PROPERTY DAMAGE** | **DATE** | **PAID AMOUNT OR RESERVE** |
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| 1. **SCHEDULE OF PRIMARY POLICES** |

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| --- | --- | --- | --- | --- |
| **COVERAGE** | **CARRIER** | **POLICY TERM** | **LIMIT** | **PREMIUM** |
| General Liability |  |  |  |  |
| Automobile |  |  |  |  |
| Professional |  |  |  |  |
| Directors and officers |  |  |  |  |
| Others (ex. aviation, marine) |  |  |  |  |
| Do these policies insure all corporations and subsidiaries list in item 1.?  If not, explain: | | | | |

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| 1. **DECLARATIONS AND SIGNATURE** |

The Applicant certifies that the above statements and facts are true and that no information has been supressed or misstated.

Date (dd/mm/yyyy)

Signature of Insured

Title

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| 1. **BROKER INFORMATION** |

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| --- | --- |
| Broker: |  |
| Contact: |  |
| Phone: |  |
| Fax: |  |