

COMMERCIAL GENERAL LIABILITY

Do Not Use For Contracting or Manufacturing Risks

**PLEASE ANSWER ALL QUESTIONS
 IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"**

1. **Name of Applicant:** _____
 (And all Subsidiaries)

2. **Mailing address:** _____

Website Address: _____

3. How long has applicant been in business under the above name?: _____

4. **Description of Business Operations:** _____

5. Estimated Annual Payroll

- a) Clerical & Administrative.....\$ _____
- b) Salesmen (In and Out).....\$ _____
- c) Plant:.....\$ _____
- d) Installation or erection:.....\$ _____
- e) Servicing:\$ _____
- f) Warehouse, including shipping:.....\$ _____

Are all employees covered under WSIB? YES NO

If "No", please list numbers by job description and estimated payroll. _____

6. Sales and/or Revenue *(Please provide brochures and sales literature, if available)*

Nature of goods sold or nature of services provided (Please provide breakdown of total sales/revenue by goods or services) **In Canadian Currency**

Type of Goods Sold/Nature of Services	Sales/Revenue
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of all sales/revenue receipts including work done on your behalf by independent contractors: \$ _____

Percentage of U.S. or foreign sales included above and percentage to each country. _____

Do you have any operations or do any work outside Canada? YES NO

If yes, please describe and list countries: _____

7 Independent Contractors (give estimated cost or work given to independent contractors):

a) As owner of buildings, repair & maintenance \$ _____

b) As general contractor or contractor: \$ _____

c) Others – describe: _____ \$ _____

Do you require all contractors or sub-contractors to provide proof of liability insurance? YES NO

If “yes”, what limit? \$ _____

8. Buildings or Premises (Please list on separate sheet if more space is required):

All Locations:

a) _____

b) _____

c) _____

9. If owned by applicant, give area occupied by:

YOU: a) _____

b) _____

c) _____

OTHERS: a) _____

b) _____

c) _____

If rented by applicant, give:

Area Occupied: a) _____

b) _____

c) _____

ANNUAL RENT: a) _____

b) _____

c) _____

10. Elevators (owned or for which you are responsible by lease agreement)

Location(s): _____

Number: _____ Type (passenger a/o freight elevator)

11. Contractual Liability

a) Railway sidings, crossings or right-of-ways; give name of railway company, number and locations:

b) Other agreements whereby liability is assumed. Give nature and submit copies:

12. **Special premises or operations hazards** (Give description on separate sheet where necessary)

a) Watercraft: Owned Chartered

Type:..... _____

Number:..... _____

Length:..... _____

H.P.:..... _____

b) Private docks or wharfs: Locations: _____

Number:..... _____

c) Swimming Pools: Locations:..... _____

Number:..... _____

Size:..... _____

Receipts:..... _____

d) Private docks or wharfs: Locations: _____

Number:..... _____

e) Private Roads: Locations:..... _____

Number:..... _____

Mileage:..... _____

f) Mechanical truck loading or unloading facilities:..... _____

g) Radioactive material: Nature:..... _____

Use: _____

h) Number of aircraft leased or chartered during the year: _____

i) Give description and location of any dams, reservoirs, private railroads: _____

j) Give description and location of any river, pond or other body of water: _____

13. Does applicant presently carry insurance?

YES

NO

If yes, who is present insurer? _____

Premium: _____

Limit _____

Is present insurance Claims Made? YES NO If Yes, state retro date _____

Are they willing to renew? YES NO

If no, please explain: _____

Does the policy cover all operations of the Insured? YES NO

If no, please describe: _____

14. Claims History:

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? YES NO

If yes, give details: _____

15. Non-Owned Automobile

Number of employees using their automobile on company business: Regularly _____ Occasionally _____

Estimated annual cost of hired automobiles: \$ _____

Estimated annual cost of automobiles operated under contract: \$ _____

(Please provide details): _____

16. Accident Prevention and First Aid

First Aid Post: Doctors: _____ Full Time: _____ Part Time: _____

Nurses: _____ Full Time: _____ Part Time: _____

Fire alarm – other warning systems: _____

Is there a security officer or are there loss prevention engineers employed: YES NO

17. Please indicate limit(s) of liability required: _____

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This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

DATED: _____ APPLICANT'S SIGNATURE: _____

BROKERAGE:	_____

BROKER:	_____

PHONE #:	_____

Email Form

Print Form