

OWNERS, LANDLORDS AND TENANTS LIABILITY

**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/Occupancy:** _____

5. **Buildings or Premises:**
 Locations(s):
 a) _____
 b) _____
 c) _____

6. If owned, give area occupied by:
 You: a) _____ Others: a) _____
 b) _____ b) _____
 c) _____ c) _____

If rented, give:
 Area Occupied: Annual Rent:
 a) _____ a) _____
 b) _____ b) _____
 c) _____ c) _____

7. **Estimated Annual Payroll**

a) Clerical & Administrative:.....	\$ _____
b) Salesmen (In and Out):	\$ _____
c) Manufacturing or Plant:	\$ _____
d) Installation or erection:	\$ _____
e) Servicing:.....	\$ _____

b) Is the property fenced? How is access of the property controlled/monitored? Is use by third parties authorized/tolerated, if so details of these activities. Patrolled by insured or third party security firm?

c) Access control signage/warning signage posted (for example on trespassing signs). Please describe:

d) Please provide a diagram of the property with notes on the nature of neighboring exposures, character of neighbourhood and property features.

13. Housekeeping and Maintenance Procedures

Please provide details of any third party maintenance contractor:

If there is a parking lot, what maintenance schedule is in place:

What provisions are in place for ice and snow removal:

What procedures are in place for reporting injuries:

Are incident report forms used? YES NO
 If yes, please attach a copy:

14. 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:

15. 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: _____

16. 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): _____

17. 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

18. 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