



COMMERCIAL GENERAL LIABILITY APPLICATION

LANGUAGE PREFERENCE
 ENGLISH FRENCH

INSURANCE COMPANY _____

 NEW POLICY EXISTING POLICY NUMBER _____

NO. OF LOCATIONS: _____

NO. OF ATTACHMENTS: _____

1. APPLICANT'S NAME AND POSTAL ADDRESS

APPLICANT'S NAME		BROKER CLIENT ID	
APPLICANT'S NAME		BROKER / AGENT CODE	
ADDRESS			
ADDRESS			
CITY	PROVINCE		
CONTACT NUMBER	<input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME <input type="checkbox"/> FAX	CONTACT NUMBER	<input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME <input type="checkbox"/> FAX
EXT		EXT	
E-MAIL ADDRESS		APPLICANT'S WEBSITE	

POLICY PERIOD FROM _____ TIME _____ DATE YYYY | MM | DD TO 12:01 A.M. DATE YYYY | MM | DD All times are local times at the Applicant's postal address stated hereon.

DESCRIPTION OF BUSINESS OPERATIONS (INCLUDE ALL SUBSIDIARY COMPANIES AND ANY DORMANT OR INACTIVE COMPANIES)

YEARS IN BUSINESS _____

2. LOSS & POLICY HISTORYHAVE THERE BEEN ANY LIABILITY LOSSES OR CLAIMS BY THE APPLICANT PAID AND/OR RESERVES OUTSTANDING IN THE PAST 5 YEARS? YES NO IF YES, PROVIDE DETAILS BELOW

DATE (YYYY/MM/DD)	LOC. #	LOSS DETAILS	AMOUNT / RESERVES	OPEN (✓)	CLOSED (✓)	INSURANCE COMPANY	POLICY NUMBER

WHAT ACTION / CORRECTIVE MEASURES HAVE BEEN TAKEN TO AVOID FURTHER LOSSES? _____

HAVE THERE BEEN ANY INCIDENTS NOT YET REPORTED TO THE INSURER THAT MAY RESULT IN A CLAIM(S) AGAINST YOU? YES NO IF YES, PROVIDE DETAILS: _____HAS ANY INSURER CANCELLED, DECLINED, OR REFUSED TO RENEW OR ISSUE LIABILITY INSURANCE TO THE APPLICANT WITHIN THE PAST 5 YEARS? YES NO IF YES, PROVIDE DETAILS: _____

NAME OF PREVIOUS INSURER _____ POLICY NUMBER _____ EXPIRY DATE YYYY | MM | DD

3. LIMITS AND COVERAGES

COVERAGES / LIMITS	LIMITS OF LIABILITY	COVERAGES / LIMITS	LIMITS OF LIABILITY
CGL EACH OCCURRENCE	\$	NON OWNED AUTO	\$
CGL GENERAL AGGREGATE	\$	MEDICAL EXPENSES	\$
BI DEDUCTIBLE	\$	OPTIONAL POLLUTION LIABILITY EXTENSION	<input type="checkbox"/> OCCURRENCE <input type="checkbox"/> IBC OPTION 1 <input type="checkbox"/> IBC OPTION 2
PD DEDUCTIBLE	\$	<input type="checkbox"/> CLAIMS MADE	RETROACTIVE DATE YYYY MM DD (IF NO RETROACTIVE DATE APPLIES, ENTER "NONE")
PRODUCTS / COMPLETED OPS AGGREGATE	\$	PER OCCURRENCE	\$
PERSONAL INJURY	\$	AGGREGATE	\$
TENANTS LEGAL LIABILITY	\$	OTHER	\$

4. LOCATION DETAILS

OCCUPANCY (✓) SINGLE MULTIPLE	LOCATION / ADDRESS	OWNER (✓)	LESSEE (✓)	TENANT (✓)	SQUARE FOOTAGE OCCUPIED

IF MULTIPLE OCCUPANCY, LIST OTHER BUSINESSES IN BUILDING

LIST ALL ADJACENT EXPOSURES

5. GROSS RECEIPTS

	PAYROLL	TOTAL REVENUE	CANADIAN REVENUE	US REVENUE	OTHER REVENUE	# OF EMPLOYEES
PAST YEAR						FULL TIME _____ PART TIME _____
NEXT YEAR'S ESTIMATE						FULL TIME _____ PART TIME _____

ARE FOOD OR ALCOHOL SOLD ON PREMISES? YES NO IF YES, ANNUAL FOOD RECEIPTS \$ _____ ANNUAL ALCOHOL RECEIPTS \$ _____



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6. GENERAL (AN ADDITIONAL QUESTIONNAIRE MAY BE REQUIRED FOR SOME RISKS)

PROVIDE DETAILS FOR ALL YES ANSWERS

- A. IS ANY WORK SUBCONTRACTED? YES NO DETAILS _____
- B. ARE CERTIFICATES OF INSURANCE REQUESTED AND RECEIVED? YES NO DETAILS _____
- C. DESCRIBE ANY CONTRACTS WHERE THE APPLICANT HAS AGREED TO HOLD HARMLESS ANY INDIVIDUAL OR ORGANIZATION _____
- D. IS APPLICANT INVOLVED IN OFF-PREMISES WORK? YES NO DETAILS _____
- E. DESCRIBE PUBLIC USE OF APPLICANT'S PREMISES (eg: TOURS): _____
- F. DESCRIBE WASTE HANDLING METHODS: _____
- G. IS THERE AN ENVIRONMENTAL POLICY IN FORCE? YES NO DETAILS, INCLUDING TYPE LIMITS & EXPIRY DATE(S) _____
- H. IS THERE ON SITE SECURITY? YES NO DETAILS _____
- I. ARE THE PREMISES FULLY FENCED? YES NO DETAILS _____
- J. DOES THE APPLICANT HAVE ANY PERSONNEL ON STAFF PERFORMING MEDICAL, PROFESSIONAL OR ENGINEERING SERVICES? YES NO DETAILS _____
(LIST PROFESSIONAL LIABILITY POLICY CARRIER + POLICY NUMBER)
- K. ANY EMPLOYEES COVERED BY WORKERS COMPENSATION YES NO IF YES, PROVIDE DETAILS INCLUDING NUMBER COVERED _____

7. PRODUCTS OR COMPLETED OPERATIONS

PROVIDE DETAILS FOR ALL YES ANSWERS

IF APPLICANT DOES WORK FOR OTHERS

- A. NEW WORK IS _____% AND REPAIR WORK (INCLUDING SERVICE WORK) IS _____% OF TOTAL OPERATIONS.
- B. DESCRIBE WORK PERFORMED FOR OTHERS _____

CODE	D = DISTRIBUTOR
	M = MANUFACTURER
	MA = MANUFACTURER'S AGENT

IF APPLICANT MANUFACTURES, SELLS OR DISTRIBUTES A PRODUCT (COMPLETE FOR ALL PRODUCTS)

PRODUCT NAME	# YRS MADE	TOTAL SALES	% CDN SALES	% US SALES	% OTHER (STATE COUNTRY)	DESCRIBE PRODUCT	HANDLING CODE

- C. IF MANUFACTURER'S AGENT, SPECIFY COUNTRY MANUFACTURED IN: _____
- D. ARE ANY PRODUCTS CUSTOM MADE? YES NO DESCRIBE: _____
- E. IF PRODUCT IS A COMPONENT PART, DESCRIBE THE PRODUCT IT WILL BE USED IN AND ITS FINAL USE: _____
- F. PRODUCTS SOLD UNDER APPLICANT'S LABEL? YES NO LIST: _____
 PRODUCTS SOLD UNDER SUPPLIER'S LABEL? YES NO LIST: _____
 PRODUCTS SOLD UNDER BUYER'S LABEL? YES NO LIST: _____
 OTHER? YES NO DESCRIBE: _____
- G. DOES LABEL STATE PRODUCT IS ULC APPROVED? YES NO DESCRIBE: _____
 DOES LABEL STATE PRODUCT IS CSA APPROVED? YES NO DESCRIBE: _____
 DOES LABEL STATE PRODUCT APPROVED BY OTHER INSTITUTION/AGENCY? YES NO DESCRIBE: _____
- H. ANY PRODUCTS DISCONTINUED OR RECALLED IN THE LAST 5 YEARS? YES NO
 IF YES, DESCRIBE: _____
- I. ARE WARNING LABELS ATTACHED TO THE PRODUCTS? YES NO ARE INSTRUCTIONS FOR USE PROVIDED? YES NO
 IF YES, DESCRIBE AND ATTACH COPIES: _____
- J. DOES THE APPLICANT FOLLOW ANY QUALITY CONTROL PROCEDURE? YES NO
 IF YES, DESCRIBE: _____
- K. DO PRODUCTS CARRY ANY WARRANTIES? YES NO IF YES, DESCRIBE: _____
- L. IS APPLICANT CONSIDERING ANY CHANGE IN PRODUCTS OR OPERATIONS IN THE NEXT YEAR? YES NO
 IF YES, DESCRIBE: _____
- M. IS APPLICANT INVOLVED IN ANY OTHER OPERATION/PRODUCTION WORK BY THEMSELVES, OR AS A PARTNER IN A JOINT VENTURE/CONCERN? YES NO IF YES, DESCRIBE: _____

REMARKS	



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8. CONTRACTING EXPOSURE

DOES APPLICANT WORK AS: i) GENERAL CONTRACTOR YES NO ii) SUB-CONTRACTOR YES NO iii) BOTH GENERAL AND SUB-CONTRACTOR YES NO

CONTRACTING RISKS: COMPLETE FOR ALL TYPES OF WORK PERFORMED IN THE FOLLOWING:

RISK	% OF RECEIPTS	ANY WORK SUBCONTRACTED (✓)	DETAIL
ASBESTOS			
BLASTING			
BUILDING, MOVING/RAISING			
CAISSON			
CARPENTRY			
CONCRETE WORK / MASONRY			
CONSTRUCTION - SPECIFY (e.g. BRIDGES, BUILDINGS, ROADS, ETC.)			
DREDGING			
ELECTRICAL WIRING			
EXCAVATING			
GRADING			
HEATING			
HOT TAR ROOFING			
LANDCLEARING			
MOULD			
PCB's			
PILE DRIVING			
PLASTERING			
PLUMBING			
RENOVATION			
RENTAL OF EQUIPMENT TO/FROM OTHERS			
RIGGING			
SHORING / UNDERPINNING			
SPRAY PAINTING			
STEAMFITTING			
STRUCTURAL STEEL			
TUNNELLING			
UNDERGROUND TANKS			
WELDING			
WRECKING/DEMOLITION			
OTHER			

ATTACH ANY PRODUCT BROCHURES OR WARRANTIES

9. DECLARATION

The undersigned declares that all statements made in the questionnaire and the information contained in documents submitted with it are true. Signing of this document does not bind the applicant to complete the insurance, but it is agreed that the questionnaire shall be the basis of the contract, should a policy be issued.

10. CONSENT AND DISCLOSURE

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Date

Signature of Applicant