

COMMERCIAL GENERAL LIABILITY APPLICATION FORM

Broker:	Contact Person:	Tel:	
Name of Insured (Full Legal Name):			
Mailing Address:		Postal Code:	
Risk Location Address:		Postal Code:	
Name of Principal(s):			
Website Address (if applicable):			
Number of Years in Business:		Desired Effective Date:	
Previous Insurer:			
Has any Insurer cancelled, declined, or If yes, please provide details:	refused you coverage?	Yes No	
Describe any insured and uninsured log applied:	sses having occurred in the past 5 years and	state the date and value of each loss, before the deductib	ble (if any) was
Have there been any incidents not yet If yes, please explain:	reported to the insurer that may result in a cla	im(s)? Yes No	

PART 2 **GENERAL LIABILITY UNDERWRITING INFORMATION**

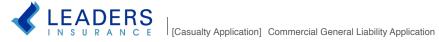
Full description of Business Operations:			
Area of operation:			
Year business established:	Experience of the	principal / partners:	
Total Number of Employees:	Full-time Employe	ees:	Part-time Employees:
Are all employees covered by Worker's compensation? Yes No If no, please explain:			
Actual sales and/or revenue for the past 12	months:	\$	
Estimated Annual sales and/or revenue for	the next 12 months:	\$	



Please provide breakdown of total sales/revenue by goods or services for the next 12 months:

Type of	Goods Sold	/ Nature of Servio	ces		Sales / Revenue	
				\$		
				\$		
				\$		
				\$		
Does the Applicant have any U.S. or other for If yes, please provide the percentage to eac		/enue?		Ĭ	Yes No	
Do you have any operations or do any work o If yes, please describe and list countries:	utside Canad	a?		Y	/es No	
Does the insured anticipate entering into othe	r oporations c	Juring the post 10 r	nonthe?		/es No	
If yes, please explain:v	operations of	iuning the next 121	1011115 !			
Does the applicant engage in any of the follow	ving operation	ns? If yes, describe	e on separate attachment.			
Demolition	Yes	No	Drilling	Y	Yes No	
Welding (Off Premises)	Yes	No	Welding (On Premises)	Y	/es No	
Blasting	Yes	No	Spraying (Pressure Washing)	Y	/es No	
Spraying (Paint)	Yes	No	Spraying (Pesticides)	Y	/es No	
Airport Premises	Yes	No	Excavation (Maximum Depth)	Y	/es No	
Propane Work	Yes	No	Ships or Docks	Y	/es No	
Roofing Work	Yes	No	Shoring/Tunneling/Underpinning	Y	/es No	
Insulation (installation/removal)	Yes	No	Swimming Pool Work	Y	/es No	
Cranes, use of	Yes	No	Bridge Work	Y	/es No	
Other – please explain						
INDEPENDENT CONTRACTORS (prov	/ide estima	ite cost or work	given to independent contractor	rs):		
a) As owner of buildings, repair & maintenanc	e:			\$		
b) As general contractor or contractor:			\$	\$		
c) Others – describe:			\$			
Are all sub-contractors required to provide proof of liability coverage? Yes No If yes, what limit?						
CONTRACTUAL OBLIGATIONS						
Are there any known contractual obligations w insurance on behalf of another or hold anothe If yes, please explain:		licant has to provid	e Yes No			
AUTOMOBILE						

Provide details of unlicensed automobiles or specifically automobiles for which compulsory insurance does not apply:



Do any employees regularly drive their own vehicles on company business? If yes, please explain:	Yes No
AIRCRAFT	
Does the insured do any work on aircraft premises? If yes, please explain:	Yes No
Is there any aircraft exposure by the way of ownership, maintenance, use or operation of any aircraft by or on behalf of the Applicant? If yes, please explain:	Yes No
WATERCRAFT	
Is there any owned or non-owned watercraft exposure by the way of ownership, maintenance, use or operation of any watercraft by or on behalf of the Applicant? If yes, please explain:	Yes No
PROFESSIONALS	
Are there any Architects, Engineers, Doctors or similar professionals on staff? If yes, please explain:	Yes No

BUILDINGS OR PREMISES (please list on separate sheet if more space is required):

Location Address	% Occupied by Applicant	Owned Or Rented	Square Footage	RC of Rented Portion

MISCELLANEOUS INFORMATION

Please provide any additional information that may be pertinent in the assessment of this Applicant:

COVERAGE REQUIREMENTS

Limit(s) of Liability Insurance required:	\$ Deductible Requested:	\$
Tenants Legal Liability required:	\$ Deductible Requested:	\$



NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

1) An applicant for a contract:

- a) Gives false or erroneous information to the prejudice of the insurer, or
- b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicants Signature:	Position:
Please Print Name:	Date:

