



COMMERCIAL GENERAL LIABILITY APPLICATION

BILLING COMPANY BROKER/AGENT

INSURANCE COMPANY	<input type="checkbox"/> QUOTE <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	POLICY / BINDER NO.	NO. OF LOCATIONS	PRODUCT NAME
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1. APPLICANT'S FULL NAME AND POSTAL ADDRESS	2. BROKERAGE/AGENCY INFORMATION
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PHONE NO.		FAX NO.		PHONE NO.		FAX NO.	
PREFERRED DOCUMENT LANGUAGE		<input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH		CONTRACT NUMBER		SUB-CONTRACT NUMBER	
WEBSITE ADDRESS				GROUP / PROGRAM NAME		GROUP ID	
CONTACT NAME		POSITION HELD		BROKER CLIENT ID		COMPANY CLIENT ID	
PHONE NO.		CELL NO.		CONTACT NAME		POSITION HELD	
EMAIL ADDRESS				PHONE NO.		CELL NO.	

3. POLICY PERIOD

EFFECTIVE DATE	TIME	A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	EXPIRY DATE	AT 12:01 A.M.	ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN.
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4. APPLICANT DATA

LEGAL ENTITY	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER _____
PRINCIPAL(S) NAME _____				
DESCRIPTION OF OPERATIONS			BUSINESS START DATE _____	YEARS RELATED PRIOR EXPERIENCE _____
INSPECTION CONTACT				
CONTACT NAME _____			PHONE NO. _____	FAX NO. _____

5. LOSS HISTORY

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS? YES NO IF YES, COMPLETE THE CHART BELOW:

LOSS DATE	LOC. #	CAUSE	CLAIM STATUS	PAID AMOUNT	ESTIMATED AMOUNT	INSURANCE COMPANY
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED			
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED			
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED			
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED			
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED			

6(A). POLICY HISTORY

NAME OF PREVIOUS INSURANCE COMPANY	POLICY NUMBER	EXPIRY DATE	EXPIRING PREMIUM
HAS ANY INSURANCE COMPANY REFUSED TO PROVIDE INSURANCE IN THE PAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE INSURANCE REFUSAL TYPE: <input type="checkbox"/> CANCELLED <input type="checkbox"/> DECLINED <input type="checkbox"/> REFUSED RENEWAL <input type="checkbox"/> RESTRICTED COVERAGE			
BY WHICH INSURANCE COMPANY _____		REASON _____	

6(B). CROSS REFERENCE INFORMATION

POLICY NUMBER _____	POLICY NUMBER _____	POLICY NUMBER _____
<input type="checkbox"/> UMBRELLA <input type="checkbox"/> CGL <input type="checkbox"/> AUTO <input type="checkbox"/> OTHER _____	<input type="checkbox"/> UMBRELLA <input type="checkbox"/> CGL <input type="checkbox"/> AUTO <input type="checkbox"/> OTHER _____	<input type="checkbox"/> UMBRELLA <input type="checkbox"/> CGL <input type="checkbox"/> AUTO <input type="checkbox"/> OTHER _____
INSURANCE COMPANY _____	INSURANCE COMPANY _____	INSURANCE COMPANY _____

WILL THE INSURANCE COMPANY BE QUOTING ON OTHER INSURANCE? YES NO IF YES, PROVIDE DETAILS: _____

7(A). FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that:

- For all provinces and territories except Quebec:** If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.
- For Quebec:** I am bound to represent all the facts known to me which are likely to materially influence an insurer in the setting of the premium, the appraisal of the risk or the decision to cover it. The same applies to the Insured if the Insurer requires it. Any misrepresentation or concealment of relevant facts by me or the Insured nullifies the contract, even in respect of losses not connected with the risk so misrepresented or concealed.
- For all provinces and territories:** Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

7(B). PERSONAL INFORMATION CONSENT

I have provided personal information in this document and otherwise (e.g., by telephone) and I may in the future provide further information relating to this application and/or any policy issued as a consequence of this application. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or the Insurer to collect, use and disclose any of this personal information, subject to my broker's or the Insurer'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, analyzing my broker or the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law. If I apply for a premium payment plan, I also authorize the broker and the Insurer to obtain and use my credit report for that purpose. I declare that all individuals whose personal information is contained in this document have authorized me to agree to the above on their behalf. I may obtain a copy of or ask questions about my broker's and the Insurer's personal information policies by contacting their respective privacy officers.

Les Parties ont convenu que cette proposition et les documents connexes soient rédigés en anglais. The Parties have specifically agreed that this application and any attachments to this application be drawn in the English language.

SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE	SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE
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COMMERCIAL GENERAL LIABILITY APPLICATION

8. LOCATION DETAILS

LOC #	LOCATION / ADDRESS (include street address, city, province)	OCCUPANCY		APPLICANT'S INTEREST			AREA OCCUPIED
		SINGLE	MULTIPLE	OWNER	LESSEE	TENANT	
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SQ.M <input type="checkbox"/> SQ.F
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SQ.M <input type="checkbox"/> SQ.F
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SQ.M <input type="checkbox"/> SQ.F

LOC #	IF MULTIPLE OCCUPANCY, LIST OTHER OCCUPANT'S IN THE BUILDING	NEIGHBOURING EXPOSURE (DISTANCE)			
		REAR	RIGHT	LEFT	FRONT
1		<input type="checkbox"/> M. <input type="checkbox"/> F.	<input type="checkbox"/> M. <input type="checkbox"/> F.	<input type="checkbox"/> M. <input type="checkbox"/> F.	<input type="checkbox"/> M. <input type="checkbox"/> F.
2		<input type="checkbox"/> M. <input type="checkbox"/> F.	<input type="checkbox"/> M. <input type="checkbox"/> F.	<input type="checkbox"/> M. <input type="checkbox"/> F.	<input type="checkbox"/> M. <input type="checkbox"/> F.
3		<input type="checkbox"/> M. <input type="checkbox"/> F.	<input type="checkbox"/> M. <input type="checkbox"/> F.	<input type="checkbox"/> M. <input type="checkbox"/> F.	<input type="checkbox"/> M. <input type="checkbox"/> F.

9. OPERATION DETAILS

OPERATIONS AND / OR PRODUCT DESCRIPTION BREAKDOWN	IBC CODE	ESTIMATED GROSS ANNUAL REVENUE	CDN AMOUNT	USA AMOUNT	FOREIGN AMOUNT
			<input type="checkbox"/> \$ <input type="checkbox"/> %	<input type="checkbox"/> \$ <input type="checkbox"/> %	<input type="checkbox"/> \$ <input type="checkbox"/> %
			<input type="checkbox"/> \$ <input type="checkbox"/> %	<input type="checkbox"/> \$ <input type="checkbox"/> %	<input type="checkbox"/> \$ <input type="checkbox"/> %
			<input type="checkbox"/> \$ <input type="checkbox"/> %	<input type="checkbox"/> \$ <input type="checkbox"/> %	<input type="checkbox"/> \$ <input type="checkbox"/> %

NUMBER OF EMPLOYEES: FULL TIME _____ PART TIME _____ ESTIMATED ANNUAL PAYROLL \$ _____

10. ADDITIONAL RATING INFORMATION

AN ADDITIONAL QUESTIONNAIRE MAY BE REQUIRED FOR SOME RISKS. PROVIDE DETAILS FOR ALL YES ANSWERS

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

IS ANY WORK SUBCONTRACTED? YES NO DESCRIBE _____

ARE CERTIFICATES OF INSURANCE OBTAINED? YES NO DESCRIBE _____

DESCRIBE ANY CONTRACTS WHERE THE APPLICANT HAS AGREED TO HOLD HARMLESS ANY INDIVIDUAL OR ORGANIZATION _____

IS THE APPLICANT INVOLVED IN OFF-PREMISES OPERATIONS? YES NO DESCRIBE _____

DESCRIBE PUBLIC USE OF APPLICANT'S PREMISES (eg: TOURS _____)

DESCRIBE WASTE HANDLING METHODS _____

IS THERE AN ENVIRONMENTAL POLICY IN FORCE? YES NO DESCRIBE _____

PROVIDE POLICY TYPE _____ AMOUNT OF INSURANCE _____ EXPIRY DATE _____

IS THERE ON-SITE SECURITY? YES NO DESCRIBE _____

ARE THE PREMISES FULLY FENCED? YES NO DESCRIBE _____

DOES THE APPLICANT HAVE ANY PERSONNEL ON STAFF PERFORMING MEDICAL, PROFESSIONAL OR ENGINEERING SERVICES? YES NO

DESCRIBE _____

PROVIDE NAME OF PROFESSIONAL LIABILITY INSURANCE COMPANY _____ POLICY NUMBER _____

ANY EMPLOYEES COVERED BY WORKERS COMPENSATION YES NO DESCRIBE _____

NUMBER OF EMPLOYEES COVERED _____

11. PRODUCTS OR COMPLETED OPERATIONS

IF APPLICANT DOES WORK FOR OTHERS

NEW WORK IS _____% AND REPAIR WORK (INCLUDING SERVICE WORK) IS _____% OF TOTAL OPERATIONS.

DESCRIBE WORK PERFORMED FOR OTHERS _____

IF APPLICANT MANUFACTURES, SELLS OR DISTRIBUTES A PRODUCT (COMPLETE FOR ALL PRODUCTS) CODE D = DISTRIBUTOR M = MANUFACTURER MA = MANUFACTURER'S AGENT ▼

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

IF MANUFACTURER'S AGENT, SPECIFY COUNTRY MANUFACTURED IN _____

ARE ANY PRODUCTS CUSTOM MADE? YES NO DESCRIBE _____

IF PRODUCT IS A COMPONENT PART, DESCRIBE THE PRODUCT IT WILL BE USED IN AND ITS FINAL USE _____

COMMERCIAL GENERAL LIABILITY APPLICATION

11. PRODUCTS OR COMPLETED OPERATIONS - continued

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: _____

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 _____

ANY PRODUCTS DISCONTINUED OR RECALLED IN THE LAST 5 YEARS? YES NO DESCRIBE _____

ARE WARNING LABELS ATTACHED TO THE PRODUCTS? YES NO

ARE INSTRUCTIONS FOR USE PROVIDED? YES NO IF YES, ATTACH COPIES AND DESCRIBE _____

DOES THE APPLICANT FOLLOW ANY QUALITY CONTROL PROCEDURE? YES NO DESCRIBE _____

DO PRODUCTS CARRY ANY WARRANTIES? YES NO DESCRIBE _____

IS THE APPLICANT CONSIDERING ANY CHANGE IN PRODUCTS OR OPERATIONS IN THE NEXT YEAR? YES NO
DESCRIBE _____

IS THE APPLICANT INVOLVED IN ANY OTHER OPERATION/PRODUCTION WORK BY THEMSELVES, OR AS A PARTNER IN A JOINT VENTURE/CONCERN? YES NO
DESCRIBE _____

12. 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:

OPERATION	% OF RECEIPTS	WORK SUBCONTRACTED	DETAIL	OPERATION	% OF RECEIPTS	WORK SUBCONTRACTED	DETAIL
BLASTING		<input type="checkbox"/> YES <input type="checkbox"/> NO		RIGGING		<input type="checkbox"/> YES <input type="checkbox"/> NO	
CARPENTRY		<input type="checkbox"/> YES <input type="checkbox"/> NO		ROAD CONSTRUCTION		<input type="checkbox"/> YES <input type="checkbox"/> NO	
CONCRETE WORK		<input type="checkbox"/> YES <input type="checkbox"/> NO		PLASTERING		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DEMOLITION		<input type="checkbox"/> YES <input type="checkbox"/> NO		ROOFING HOT TAR		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DREDGING		<input type="checkbox"/> YES <input type="checkbox"/> NO		ROOFING SHINGLES		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DRYWALL		<input type="checkbox"/> YES <input type="checkbox"/> NO		SHORING		<input type="checkbox"/> YES <input type="checkbox"/> NO	
ELECTRICAL		<input type="checkbox"/> YES <input type="checkbox"/> NO		SNOW REMOVAL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
EXCAVATING		<input type="checkbox"/> YES <input type="checkbox"/> NO		STRUCTURAL STEEL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADING		<input type="checkbox"/> YES <input type="checkbox"/> NO		TUNNELING		<input type="checkbox"/> YES <input type="checkbox"/> NO	
HVAC		<input type="checkbox"/> YES <input type="checkbox"/> NO		UNDERPINNING		<input type="checkbox"/> YES <input type="checkbox"/> NO	
LAND CLEARING		<input type="checkbox"/> YES <input type="checkbox"/> NO		WELDING		<input type="checkbox"/> YES <input type="checkbox"/> NO	
MASONRY		<input type="checkbox"/> YES <input type="checkbox"/> NO		WIRING		<input type="checkbox"/> YES <input type="checkbox"/> NO	
PAINTING		<input type="checkbox"/> YES <input type="checkbox"/> NO		WOODWORKING		<input type="checkbox"/> YES <input type="checkbox"/> NO	
PILE DRIVING		<input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO	
PLUMBING		<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO	

13. COVERAGES AND LIMITS OF INSURANCE

	DED.	AMOUNT OF INSURANCE	ESTIMATED	
			RATE	PREMIUM
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE EACH OCCURRENCE PRODUCTS AND COMPLETED OPERATIONS AGGREGATE PERSONAL AND ADVERTISING INJURY LIABILITY MEDICAL PAYMENTS TENANTS LEGAL LIABILITY				
<input type="checkbox"/> SPF6 - STANDARD NON-OWNED AUTOMOBILE				
<input type="checkbox"/> OPTIONAL POLLUTION LIABILITY EXTENSION <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> IBC OPTION 1 <input type="checkbox"/> IBC OPTION 2 <input type="checkbox"/> CLAIMS MADE RETROACTIVE DATE _____ (IF NO RETROACTIVE DATE APPLIES, ENTER "NONE")				
<input type="checkbox"/>				

14. BROKER / AGENT QUESTIONNAIRE

BROKER / AGENT NAME (Please print) _____ SIGNATURE OF BROKER / AGENT _____ DATE _____

15. REMARKS