



**COMMERCIAL LIABILITY INSURANCE APPLICATION**

BROKER : \_\_\_\_\_

**GENERAL INFORMATION**

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Applicant is:  Individual  Partnership  Association  Corporation  
 Other (Specify) \_\_\_\_\_

In existence since: \_\_\_\_\_

Name and personal experience of owners:  
\_\_\_\_\_  
\_\_\_\_\_

General description of operation: \_\_\_\_\_

Any subsidiaries?  Yes  No

If yes, describe: \_\_\_\_\_

Are these subsidiaries to be insured also?  Yes  No

**BUSINESS PROPERTY**

Describe all premises owned, rented or used by the applicant

Address	Occupancy	Area	Owned or Tenant?

Does the applicant own or operate a swimming pool?  Yes  No

If yes, indicate dimensions and depth as well as security measures taken:

\_\_\_\_\_

Is the pool located  Indoors?  Outdoors?

Are any elevators owned or controlled by the applicant?  Yes  No

If yes, specify type, use, capacity and location:

\_\_\_\_\_



**FOREIGN SALES - ACQUISITIONS**

Give sales amount for each class of products manufactured or sold outside of Canada

Product	Manufactured (Where)	Destination	Sales Amount

Does the applicant deliver, install or service his products outside of Canada?  Yes  No

If yes, provide details: \_\_\_\_\_

Does the applicant import any raw material from other countries?  Yes  No

If yes, state type of material, country of origin and name of supplier: \_\_\_\_\_

Has the applicant acquired other companies within the last five years?  Yes  No

If yes, are there still products on the market for which he must honour a guarantee?  Yes  No

If yes, give details: \_\_\_\_\_

**OTHER ACTIVITIES**

Number of building starts usually undertaken simultaneously: \_\_\_\_\_ Number of Foremen: \_\_\_\_\_

Does the applicant employ any professionals?  Yes  No

If yes, specify: \_\_\_\_\_

Does the applicant request evidence of Professional Liability Insurance? \_\_\_\_\_

State major contracts during last 3 years: \_\_\_\_\_

**Does the applicant:**

a) do demolition work?  Yes  No If yes, give details: \_\_\_\_\_

b) do underpinning?  Yes  No If yes, give details: \_\_\_\_\_

c) do pile driving?  Yes  No If yes, give details: \_\_\_\_\_

d) do roofing?  Yes  No If yes, give details: \_\_\_\_\_

e) perform any operations in harbours, airports or mines?  Yes  No

If yes, give details: \_\_\_\_\_

f) do any work on apartment, condominium or townhouse projects?  Yes  No

If yes, give details: \_\_\_\_\_

**Does the applicant use:**

a) explosives?  Yes  No If yes, give details: \_\_\_\_\_

b) nuclearing energy?  Yes  No If yes, give details: \_\_\_\_\_

c) laser beams?  Yes  No If yes, give details: \_\_\_\_\_

Does the applicant perform any welding operations away from his premises?  Yes  No

If yes, please give details: \_\_\_\_\_

Does the applicant provide lawn-care services?  Yes  No

If yes, does the applicant use a tanker truck and spraying equipment?  Yes  No

What percentage of the total operations does this represent? \_\_\_\_\_ %

Does the applicant use or handle chemicals in his operations?

Yes

No

If yes, specify type and quantity:

\_\_\_\_\_

Has the applicant discontinued the manufacture or sale of any product line due to a known or suspected default in the product?  Yes  No

If yes, give details:

\_\_\_\_\_

**LOSS HISTORY**

Current insurer: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Expiring: \_\_\_\_\_

Has any insurer cancelled or refused insurance for the applicant?

Yes

No

If yes, for what reason: \_\_\_\_\_

\_\_\_\_\_

Has the applicant suffered any losses or notified his insurer of any possible claims within the past 5 years?

Yes

No.

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

Is the applicant aware of any facts or circumstances that may give rise to any future losses?

Yes

No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**COVERAGE REQUIRED**

Amount of insurance: \$ \_\_\_\_\_

Reimbursement clause: \_\_\_\_\_

Each claim

Property damage deductible: \$ \_\_\_\_\_

Each occurrence

Products / completed operations:

Yes

No

Tenants' legal liability:

Yes

No

Amount of insurance \$ \_\_\_\_\_ each location

Medical expenses:

Yes

No

Amount \$ \_\_\_\_\_ any one person

Elevator collision:

Yes

No

Amount of insurance \$ \_\_\_\_\_

Employee benefits programs

liability:

Yes

No

Amount \$ \_\_\_\_\_ each claim / \$ \_\_\_\_\_ per policy term

Others, give details:

\_\_\_\_\_

\_\_\_\_\_

I declare that all the information stated in this application is true.

\_\_\_\_\_

Applicant's signature

Date

\_\_\_\_\_

\_\_\_\_\_

Broker's signature

Date

\_\_\_\_\_