



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:

Does the applicant own or control land? Yes No

If yes, specify location, area and use:

Does the applicant own or control aircraft? Yes No Lease? Yes No

Does the applicant own or control watercraft? Yes No Lease? Yes No

If yes, specify type and use:

BUSINESS OPERATIONS

Total annual remuneration of owners, directors, partners, salesmen and office employees: \$ _____ Number of employees: _____

Total annual remuneration of drivers: \$ _____ Number of vehicles: _____

List and describe operations of applicant	Employees remuneration	Total receipts

Does the applicant sign contracts relieving suppliers of all liability? Yes No

If yes, describe and attach copies of all the contracts:

Does the applicant utilize sub-contractors? Yes No

Type and cost of sub-let work:

	\$

Does the applicant require any evidence of liability insurance from the sub-contractors? Yes No Amount of insurance required? \$ _____

Does the applicant lease or rent equipment to others? Yes No Amount receipts: \$ _____
 with operator without operator

Type of equipment leased or rented to others?

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
