



**APPLICATION
COMMERCIAL GENERAL LIABILITY AND UMBRELLA**

1. APPLICANT

- a) Name of applicant:
- b) Address of applicant:
- c) Applicant is:
 - a corporation **
 - a partnership
 - an individual
 - other
- d) **Description of operations:**
- d) Year of incorporation
- e) Name and address of subsidiaries

2. LIMIT OF LIABILITY REQUIRED: \$,000,000. CGL or Umbrella

- a) Effective date of insurance: Name of present insurer:
- b) Has any insurer ever refused or cancelled any insurance? YES NO

3. LEASED PROPERTY

- a) Describe all buildings:

LOCATION	AREA	OCCUPANCY	ANNUAL RENT	CONSTRUCTION

b) Does applicant have any interest as owner, lessee or tenant in following?

- freight and/or passenger elevator YES NO
if yes, specify number, type, capacity, use and locations:
- lots YES NO
if yes, specify location, area, use:
- owned watercraft YES NO
or
- leased or chartered watercraft YES NO
if yes, specify number, type, length, H.P.
- leased aircraft YES NO
if yes, specify the number and annual cost of leasing:

4. OPERATIONS

a) Description of applicant's operations and annual sales:

OPERATIONS - PRODUCTS	SALES	% DISTRIBUTION			
		ONT	CAN	USA	OTH
TOTAL					

b) Number of employees and annual payroll:

	ADMINISTRATION	SERVICE	SALES	OTHER	TOTAL
Employees					
Annual Payroll					

c) Does applicant handle any material that could cause pollution? YES NO

5. INCIDENTAL MALPRACTICE LIABILITY

a) Does applicant operate a hospital, a clinic or first aid facility? **YES** **NO**

If yes

- specify:

	full time	part time
number of doctors	_____	_____
number of nurses	_____	_____

b) Is individual liability of employed doctors and nurses covered by insurance? **YES** **NO**
 If yes, what are the limits of insurance provided?

6. CONTRACTUAL LIABILITY

Does applicant assume any liability, by contract, verbal or written agreement **YES** **NO**

if yes, attach wording of such contract or written agreements.

7. PRODUCTS LIABILITY

a) List by category, all products manufactured, sold, handled or distributed by the applicant	Annual sales

b) Specify the percentage of annual sales:

- in Canada %
- in United States %
- other countries %

c) Give details of operations away from applicant's premises

d) Describe products whose manufacturing has ceased. Give reason for discontinuing production and year. Specify annual sales:

- | | | |
|--|------------|-----------|
| e) Does applicant have operations outside Canada? | YES | NO |
| if yes, in which country and what is the corresponding amount? | | |
| f) Has the applicant included brochures or other relevant documentation concerning the products? | YES | NO |
| g) Are there any products or activities related to nuclear energy or defense? | YES | NO |
| h) Do any products or activities imply usage of radio-isotopes or radioactivity? | YES | NO |

8. OTHER EXPOSURES

Is the applicant subject to the following risks?

- | | | |
|---|------------|-----------|
| a) Work committed to sub-contractors or independent contractors? | YES | NO |
| type of work: | | |
| annual costs: | | |
| b) Railroad operation: | YES | NO |
| Fully describe any railway network owned, used or operated by the insured: | | |
| c) Advertising: | YES | NO |
| description: | | |
| estimated annual advertising expenditure over \$10,000. | | |
| advertising agency: | | |
| others : | | |
| description of unusual advertising activities such as contests, exhibits: | | |
| d) Pollution (chemical products, gases, wastes) | YES | NO |
| specify quantities, methods of storage and handling, methods of transportation off-premises, permission given to others to dispose of waste on premises, type of supervision: | | |

9. EMPLOYER'S LIABILITY

Is Government workmen's compensation insurance available in all provinces in which the applicant conducts business? **YES** **NO**

if yes, does applicant take advantage of it? **YES** **NO**

if no, specify provinces and payroll:

10. AUTOMOBILE

a) Number of vehicles

- private
- light heavy
- motorized equipment
- trailers
- buses

b) Number of employees using their car for company business: **NONE**
 c) Are vehicles utilized for long haul **YES** **NO**

- across the country
if yes, which provinces?
- in United States
if yes, which states?
- if yes, specify:

Products of the insured Products of others

d) Are vehicles utilized in the transportation of flammable, caustic or explosive substances? **YES** **NO**

e) Are there any non-owned vehicles / if yes, give details: **YES** **NO**

11. PREVIOUS LOSS EXPERIENCE

List all liability claims within the last five (5) years, whether settled or not:

BODILY INJURY	PROPERTY DAMAGE	DATE	PAID AMOUNT OR RESERVE

12. COVERAGES REQUIREMENTS

Limit of Liability _____ Commercial General Liability
 _____ Umbrella

Extensions, Endorsements, Exclusions	YES	NO	Extensions, Endorsements, Exclusions	YES	NO
BI/PD Deductible per Occurrence \$			SEF 99 - Excluding Long Term Leased Autos		
Worldwide Coverage			Non-Owned Watercraft		
Employee Benefits Liability Limit - \$1,000,000.			Additional Insureds (Vendors - Broad Form)		
Owners/Contractors Protective			Incidental Malpractice		
Contingent Employers			Garage Liability Extension		
Host Liquor Liability			Blasting Endorsement		
Employees as Additional Insureds			X.C.U. Deletion Endorsement		
Tenants Legal Liability - Broad Form Limit - \$250,000.			Voluntary Medical Payments Per Accident - \$50,000.		
Personal Injury			Non-Owned Aircraft		
Cross Liability			Thirty Days Notice of Cancellation		
Canadian Currency Clause			Advertising Liability Limit - \$2,000,000.		
Elevator Liability Collision Limit			Volunteer Workers as Additional Insureds		
Welding & Cutting Warranty/Heat Conditions			SEF 96 - Contractual Liability		
Broad Form Property Damage			Non-Owned Automobile		
Forest Fire Fighting Expense Limit - \$2,000,000.			SEF 94 - Damage to Hired Autos Limit - \$50,000.		
Data Exclusion			E&O/Professional Liability Exclusion		
Asbestos/Toxic Mold/Terrorism Exclusions			Inefficacy/Failure to Perform Exclusion		
Absolute Pollution Exclusion			Oil/Gas Exploration Exclusions		
C.C.C./Motor Truck Cargo Exclusion			United States of America Jurisdiction		

13. SCHEDULE OF PRIMARY POLICIES

COVERAGE	CARRIER	POLICY TERM	LIMIT	PREMIUM
General liability				
Automobile				
Professional				
Directors and officers				
Others (ex. aviation, marine)				
Do these policies insure all corporations and subsidiaries listed in item 1?				
If not, explain:				

The applicant certifies that the above statements and facts are true and that no information has been suppressed or misstated.

Date:

By:

Title

BROKER INFORMATION:

BROKER: _____

CONTACT: _____

PHONE: _____

FAX: _____