

## Commercial Liability Insurance Application

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

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

Applicant's Trade or Business: \_\_\_\_\_

Name, Address & Trade or Business of all Subsidiary Companies:

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How long has Applicant been in business? \_\_\_\_\_

Description of operations or industry of the Applicant:

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Are any sales made or operations performed in the United States? Yes  No

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

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Are any sales made or operations performed outside of Canada or the United States? Yes  No

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

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Location of all premises owned, rented, or controlled by Applicant	Part occupied by Applicant	Area in Sq. ft.	Interest of Applicant in such Premises (owner, tenant, etc.)

Policy period desired from: \_\_\_\_\_ to \_\_\_\_\_

(year)

(year)

### Limits of Liability required:

#### Commercial General Liability:

Each Occurrence Limit: \$ \_\_\_\_\_

Products – Completed Operations Aggregate Limit \$ \_\_\_\_\_

Personal Injury and Advertising Liability Limit \$ \_\_\_\_\_

Tenants Legal Liability Limit \$ \_\_\_\_\_ Any one Premises

Medical Expense Limit \$ \_\_\_\_\_ Any one Person

Non-Owned Automobile property damage \$ \_\_\_\_\_ Inclusive limit for bodily injury and property damage combined

**Operations:**

(a) Describe fully and break down the types of operations and work performed by the Applicant:

Operations	Number of Employees	Estimated Annual	Estimated Gross Receipts for Coming Year

Does the applicant handle, use or perform in any of the following operations?

- |                        |                              |                             |                                 |                              |                             |
|------------------------|------------------------------|-----------------------------|---------------------------------|------------------------------|-----------------------------|
| Demolition or Wrecking | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Gases                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Underpinning           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Liquefied Petroleum             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Excavation             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Radioactive Materials           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Tunneling              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Shoring                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Welding                | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Caisson Work                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Blasting               | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Raising or Moving of Structures | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Chemicals              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Pile Driving                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Asbestos               | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Explosives                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hot Tarring            | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Natural Gas                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Pesticides             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                                 |                              |                             |

If yes, describe in full: \_\_\_\_\_

**Products:**

Estimated annual sales/receipts for each product manufactured, sold, handled, or distributed by the Applicant:

Description of Product	Sales/Receipts		
	Canada	United States	Other

Does Applicant manufacture the complete product? Yes  No

If no, what component parts are purchased by Applicant? \_\_\_\_\_

Does Applicant assemble the product? Yes  No

Does Applicant maintain and/or service the products? Yes  No

If so, state receipts from the source \$ \_\_\_\_\_

Do any of Applicant's products require mixing, blending, altering, repackaging or relabeling by others?

Yes  No

If yes, state details: \_\_\_\_\_

Are any of Applicant's products inflammable or explosive? Yes  No

If yes, state details: \_\_\_\_\_

Are any of Applicant's products toxic or poisonous either by themselves or in combination with other materials? Yes  No

If yes, state details: \_\_\_\_\_

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Do any of the products the Applicant now sells or ever has sold contain asbestos? Yes  No

If yes, state details: \_\_\_\_\_

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Does Applicant issue guarantees and/or warranties to purchases? Yes  No

If yes, state details: \_\_\_\_\_

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Does Applicant agree to hold both dealers or distributors and suppliers harmless against claims or suits for personal injuries or property damage in connection with Applicant's products? Yes  No

Is Applicant's product accompanied by any written brochures, labels, instructions, or other written statements? Yes  No

Are Annual Reports and/or product brochures available? Yes  No  If Yes, please attach.

Does Applicant maintain quality control procedures? Yes  No

If yes, please give brief outline of such procedures: \_\_\_\_\_

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Does Applicant maintain complete inventory records, shipment records and/or delivery records to consignees and are serial and/or batch numbers shown on the finished product and on shipment invoices? Yes  No

Can the date of manufacture of each product be identified by the factory number stamped on it? Yes  No

Has Applicant ever recalled any products for any reason or been ordered to do so by any Governmental authority? Yes  No

Have any products been withdrawn or discontinued during the past five years? Yes  No

What will be the end use of these products? \_\_\_\_\_

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### **Contractual or Assumed Liability**

Describe all contracts or agreements giving the date of such instruments, name(s) of other contracting parties and the contract costs involved, if any: \_\_\_\_\_

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Note: Submit copies of the hold-harmless provisions of all instruments. It is necessary to list easement agreements not in connection with railroad grade crossings, agreements required by municipal ordinance not involving work for the municipality, lease of premises agreements or elevator or escalator maintenance agreements.

Does the Applicant ever assume liability for the sole negligence of indemnities (ie. The other contracting party?) Yes  No

If yes, attach copies of the agreement(s) and give details as to the Qualifications, Experience, Insurance coverages and limits of all such indemnities.

Does the Applicant ever enter into purchase agreements with distributors or others which contain any element of contractual/assumed liability? Yes  No  If yes, attach copies of such purchase order forms.

**Protective Liability**

Does the Applicant let or sublet any work to independent contractors? Yes  No

If yes, what is the annual cost of work let? \$ \_\_\_\_\_ Sublet? \$ \_\_\_\_\_

Describe the types of work let or sublet: \_\_\_\_\_

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Are independent contractors who perform work on behalf of the Applicant required to carry commercial general liability insurance including products/completed operations coverage? Yes  No

If yes, what does the Applicant consider to be the minimum acceptable limit(s) of liability (ie. Amount of coverage)? \$ \_\_\_\_\_

Are liability insurance certificates secured from all independent contractors before they are allowed to begin working? Yes  No

Does the Applicant enter into formal contractual agreements with independent contractors? Yes  No

If yes, do these agreements contain a "hold-harmless" provision in the Applicant's favour? Yes  No

**Professional Liability**

Does the Applicant have other professional errors or omissions or malpractice exposure? Yes  No

If yes, describe in full: \_\_\_\_\_

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**Compensation**

Are all employees covered by Worker's Compensation? Yes  No

Does Applicant comply with all Workplace Hazardous Materials Information System (WHMIS) regulations?

Yes  No

If no, please explain: \_\_\_\_\_

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**Liquor Liability**

Do Applicant's operations include the serving of alcoholic beverages? Yes  No

Is yes, describe in full: \_\_\_\_\_

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**Aircraft & Watercraft**

Does the Applicant own, lease, or operate any aircraft and/or watercraft? Yes  No

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

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**Non-Owned Automobile**

The partners', officers', employees', and agents' vehicles operated in the applicant's business are as follows:

Location	Partners, Officers and Employees who regularly use automobiles not owned by the Applicant in his business	All Other Partners and Employees	All Applicant's Agents
	Number of Class "A1"	Number of Class "A2"	

Hired automobiles or vehicles leased by the applicant are as follows:

Type of Automobile	Estimated Cost of Hired or Leased

Automobiles operated under contract on behalf of the Applicant are as follows:

Type of Automobile and Description of Use	Estimated Contract Cost

Limits carried on underlying policies:

Policy	Limit

Are there any swimming pools, saunas, gym and other recreational or athletic activities? Yes  No

If yes advise type number and other activities: \_\_\_\_\_

Give details of all liability insurance carried during past five years:

Type of Policy	Policy Number	Company	Expiry Date	Limits

Give details of all claims against the Applicant during past five years:

Date of Accident	Paid	Outstanding	Details

Do these paid or outstanding amounts reflect any deductible provision(s) contained in existing or previous insurance policies? Yes  No

If yes, to what coverage(s) does/did the deductible apply and what is/was the deductible amount?

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Additional Information:

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I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for contract of insurance to be based upon the truth of the said statements.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Broker : \_\_\_\_\_