



[Complex Risk]

COMMERCIAL GENERAL LIABILITY APPLICATION

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PART 1 GENERAL INFORMATION

Broker:

Broker Phone:

Broker Contact:

Broker Email:

Applicant Name(s):

Subsidiaries:

Mailing Address:

City:

Province:

Postal Code:

Telephone No.:

Email:

Website:

PART 2 COMPANY DETAILS

Date Company Established (DD/ MM/ YYYY):

Company Structure:

☐

Sole Proprietor

☐

Corporation

☐

Partnership

☐

Joint Venture

☐

Other

Description of Operations:

Number of years' experience:

If you subcontract work, do you require your subcontractors to carry liability coverage? ☐ Yes ☐ No

If 'Yes', what limit do you require? \$

Are certificates of insurance required? ☐ Yes ☐ No

Does the Applicant assume any contractual liability by verbal or written agreement? ☐ Yes ☐ No

Please explain: (attach copies if applicable)

PART 3 REVENUE BREAKDOWN

Total Estimated Gross Revenues: \$

Breakdown of Total Revenue by Operation:						
Operation	Actual Gross Revenue (Prior 12 Months)	Estimated Gross Revenue (Upcoming 12 Months)	Canada (CDN) %	USA (USD) %	Foreign %	Subcontracted %
	\$	\$	%	%	%	%
	\$	\$	%	%	%	%
	\$	\$	%	%	%	%
	\$	\$	%	%	%	%
	\$	\$	%	%	%	%
Total	\$	\$	%	%	%	%

PART 4 STAFFING AND PAYROLL

Please advise on the following:

	Canada (CDN)	USA (USD)	Foreign
Annual Payroll	\$	\$	\$
Full-time Staff	\$	\$	\$
Part-time Staff	\$	\$	\$

Is government workers compensation insurance available in all provinces where the Applicant conducts business?

If so, has coverage been purchased for ALL employees? ☐ Yes ☐ No

Are any employees exempt with other primary coverage in place? ☐ Yes ☐ No

If so, please provide details:

PART 5 LOCATION INFORMATION

Location Address:

Occupancy:

Construction Information:

Nearby Exposures:

Percent Occupied by the Applicant:

Other locations:

Address	Size (SQFT)	Description	Operations

PART 6 WATERCRAFT/ AIRCRAFT

Do you own or rent any Watercraft? ☐ Yes ☐ No

If so, please provide details below:

Description	Length	HP	Rented or Owned	If Rented, Days per year	Use

Do you own or rent any Aircraft? ☐ Yes ☐ No

If so, please provide details below:

Description	Length	HP	Rented or Owned	If Rented, Days per year	Use

PART 7 NON-OWNED AUTOMOBILES

Do employees use their own automobiles for business use? ☐ Yes ☐ No

If so, please provide the number of employees doing so:

Are common carriers used? ☐ Yes ☐ No

If so, are certificates of insurance obtained or confirmed? ☐ Yes ☐ No

Annual number of rental days of non-owned automobiles:

PART 8 EXCESS AUTOMOBILE LIABILITY (IF REQUIRED)

Limit required: \$

What is the underlying coverage limit? \$

Who is the underlying carrier?

How many automobiles with GVW under 10 tons?

Please provide the annual mileage breakdown:

Canadian: % USA: % Foreign: %

PART 9 INSURANCE HISTORY & REQUIREMENTS

Please provide details of your current **Commercial General Liability** insurance policy:

Effective Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:
	\$	\$	\$	

Please provide details of your required **Commercial General Liability** insurance policy:

Effective Date (MM/DD/YYYY)	Limit	Deductible	Premium	Insurer
	\$	\$	\$	

PART 10 CLAIMS HISTORY

- a) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any Companies to be insured) within the last 5 (five) years, or: ☐ Yes ☐ No
- b) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or: ☐ Yes ☐ No
- c) Have any claims or cease and desist orders been made against any of the Companies to be insured, or any partners or directors thereof, or: ☐ Yes ☐ No
- d) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body? ☐ Yes ☐ No

If the answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/claims, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by Insurers, and the dates of all developments and payments.

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	\$ RESERVE OR LOSS AMOUNT PAID BY INSURER	\$ RETAINED LOSS OR DEDUCTIBLE PAID BY YOU
			\$	\$
			\$	\$
			\$	\$

*Please attach any available insurance company loss reports with this application

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature:

Position:

Please print name:

Date:

BROKER DECLARATION

How long have you known this Applicant?

Is this account new or renewal to you?

Have you personally viewed the Applicant's operations?

What is the condition of facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this Applicant?

Broker's Signature:

Position:

Please print name:

Date: