

General Liability Application

Quotation New Business Renewal Replacing Policy No. _____

Broker _____

Applicant's Name _____

Mailing Address
(incl. postal code) _____

POLICY PERIOD : FROM

DAY	MO.	YR.
-----	-----	-----

 TO

DAY	MO.	YR.
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 EXCLUSIVELY
At 12:01 A.M. Standard Time at the Address of the Named Insured as Stated Herein

ALL QUESTIONS ON PAGES 1 AND 2 MUST BE ANSWERED

Current Insurer _____ Policy No. _____ Expiring _____

Does Applicant Have Other Insurance ?(Details) _____

Any Losses During Past Five (5) Yrs.? (Details) _____

Has Any Company Cancelled/Refused Insurance During Past Three (3) Yrs.? (Details) _____

CHECK REQUIRED COVERAGES

OCCURENCE BASIS FORM

PROPERTY DAMAGE DEDUCTIBLE	REIMBURSEMENT DEDUCTIBLE	TENANTS' LEGAL LIABILITY DEDUCTIBLE
\$ _____	\$ _____	\$ _____

Bodily Injury & Property Damage: \$ _____ Each Occurrence

Products/Completed Operations Hazard: \$ _____ Aggregate Limit

Medical Expenses: \$ _____ Any One Person

Tenants' Legal Liability: \$ _____ Any One Premises

Non-Owned Automobile Liability: \$ _____ Each Occurrence

GENERAL INFORMATION

Applicant is: Individual Corporation Partnership Association
 Other (Specify) _____ In Existence Since? _____

Names and Personal Experience of Owners _____

Any Subsidiaries? Yes No Is Applicant Contractually Obligated to Provide Insurance? Yes No

If Yes, Please Describe _____

BUSINESS PROPERTY

Describe All Premises (Including Land) Owned, Rented or Used By You:

Address	Owned (O) or Rented (R)	Use & Construction	Area	Exposure Hazard

BUSINESS OPERATIONS

No. of Owners, Directors, Partners, Salesmen & Office Employees? _____ Total Annual Remuneration \$ _____

List & Description of Operations	No. of Employees	Employees' Remuneration	Total Annual Receipts

Are there Any Operations Performed Away From Your Premises? Yes No (Describe in List of Operations Above)

If Yes, Do These Operations Include Construction, Repair or Renovation Work or Installation of Property? Yes No Complete Item 1

Are Any Operations Performed By Sub-Contractors? Yes No Complete Item 2

Do You Manufacture Any Products? Yes No Complete Item 3

Do You Sell Any Products Outside Canada? Yes No Complete Item 4

Do You Rent or Lease Equipment to Others? Yes No Complete Item 5

Are All Employees Covered Under Provincial Workers Compensation Law? Yes No If No, Complete Item 6

Do You Have Architects or Engineers Working For You? Yes No If Yes, Complete Item 7

Do You Own, Rent or Use Watercraft? Yes No If Yes, Complete Item 8

ADDITIONAL INFORMATION

1. OPERATIONS AWAY FROM PREMISES:

Do You:

Perform Any Operations Outside Canada? Yes No

If Yes, Give Details _____

Do Any Welding Operations Away From Your Premises? Yes No

If Yes, Give Details _____

Do Demolition Work? Yes No If Yes, Give Details _____

Do Underpinning? Yes No If Yes, Give Details _____

Do Pile Driving? Yes No If Yes, Give Details _____

Perform Any Operations In Harbours, Airports or Mines? Yes No If Yes, Give Details _____

Do You Use:

Explosives? Yes No If Yes, Give Details _____

Nuclear Energy? Yes No If Yes, Give Details _____

Laser Beam? Yes No If Yes, Give Details _____

No. of Job Sites Usually Undertaken Simultaneously? _____ No. of Foremen? _____

State Major Contracts During Last Three (3) Years _____

2. OPERATIONS PERFORMED BY INDEPENDENT CONTRACTORS:

Type and Cost of Sub-Let Work None

_____ \$ _____
_____ \$ _____
_____ \$ _____

Do You Require Any Evidence of Liability Insurance From the Independent Contractors? Yes No

Amount of Insurance Required? \$ _____

3. EQUIPMENT LEASED OR RENTED TO OTHERS:

With Operator Without Operator Annual Receipts \$ _____

Type of Equipment Leased or Rented _____

4. MANUFACTURING OPERATIONS:

Do You Import Any Raw Materials From Other Countries? Yes No

If Yes, State Type of Material And Country of Origin And Name of Supplier _____

Do You Deliver, Install And Service Your Products Outside Canada? Yes No

If Yes, Provide Details _____

5. PRODUCTS SOLD OUTSIDE CANADA:

Give Sales Amount For Each Class of Products Sold Outside The Country:

CLASS	DESTINATION	SALES AMOUNT

6. EMPLOYER'S LIABILITY:

Are All Employees Covered by Workers Compensation Insurance in all Provinces in Which You Operate? Yes No

If no, State Class of Uninsured Employees by Province and their annual remuneration _____

Workers Compensation Rate Assessment _____ Industry Norm _____

7. STAFF ARCHITECTS OR ENGINEERS:

TYPE OF PROFESSIONAL	NO.	IS THERE AN E & O COVERAGE FOR THESE EMPLOYEES?		POLICY LIMIT
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

8. WATERCRAFT LIABILITY:

Give Details on Watercraft Owned, Chartered or Operated by You: _____

Describe Any Other Liability Insurance Covering These Watercraft _____

GENERAL COMMENTS

Applicant's Signature

Date

Broker's Signature

Date