

Commercial Liability Insurance Application

Section 1: Broker Details

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____	
Address: _____ _____	
City: _____	Postal Code: _____
Telephone: _____	Website: _____
General email: _____	Contact E-mail: _____
Contact Name: _____	

Section 2: Risk Details

2.1 Effective Dates

Policy period required from _____ to _____
(effective date) (expiry date)

2.2 Mailing information

Name of Insured as it is to appear on policy: _____
Name of Organization (if different): _____
Mailing Address: _____ _____

2.3 What is the insured?

- Corporation Partnership Joint Venture
- Individual Other (specify) _____

2.4 Webpage: _____

2.5

Doing business as: _____

2.6

How long has Applicant been in business?
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2.7 Name, Address and Description of Operations of all Subsidiary Companies:

Name	Address	Description

Operations

2.8 Please describe fully and break down the types of operations and work performed by the Applicant:

Operations	Estimated Annual Attendance	Estimated Gross Receipts for the Coming Year
		\$
		\$
		\$
		\$
		\$

2.9

<p>Does the Insured have food and/or beverage sales? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please indicate receipts:</p> <p style="text-align: right;">Food: \$ _____</p> <p style="text-align: right;">*Alcohol: \$ _____</p>

* If receipts indicate liquor sales please complete and include a Liquor Liability Application

2.10

Does the Insured have any discontinued operations? Yes No

If yes, please state details:

Products:

2.11

a) Estimated annual sales/receipts for each product manufactured (present and past), sold, handled or distributed by the Applicant:

Description of Product	Sales / Receipts		
	Canada	United States	Other (specify)
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

b)

Does the Insured have any withdrawn or discontinued products? Yes No

If yes, please state details:

c)

What is the end use of these products? Yes No

If yes, please state details:

Locations:

2.12

Locations of all premises owned, rented, or controlled by Applicant	Area in Sq. Ft.	Interest of Applicant in such Premises (owner, landlord, tenant, etc.)

Section 3: Liability

3.1 Contractual Liability

a)	Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:					
<hr/>					
<hr/>					
<hr/>					
b)	If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please advise procedures followed and details of contracts used:					
<hr/>					
<hr/>					
<hr/>					
c)	If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

<p>If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If no, in whole or part, please explain:</p> <hr/> <hr/>				

3.2 Protective Liability

<p>a) Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If yes, what is the annual cost of work?</p>				
	Let:	\$		
	Sublet:	\$		
<p>If yes, please give details of the sublet:</p> <hr/> <hr/>				
<p>b) Does the Insured contract services from others for the purpose of operating vehicles to perform maintenance, service, haulage or snow removal operations?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

3.3 Workers Compensation

<p>Are all employees and contractors including students and volunteers covered by Workers Compensation?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If no, please provide explanation.</p> <hr/> <hr/> <hr/> <hr/>				

3.4 Liquor Liability

Do Applicant's operations include the serving of alcoholic beverages?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe in full:				
Receipts: \$				
Is Liquor Server Awareness training required for all servers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are concessionaires serving alcohol on the Insured's premises?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

* If receipts indicate liquor sales please complete and include a Liquor Liability Application

3.5 Non-Owned Automobile

a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give details:				
b) Does the Insured rent or lease vehicles from others?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, (i) How often per year? :				
(ii) Are any of these vehicles driven in the United States?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Does the Insured contract services from others?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe:				
d) Are vehicles used to transport anyone?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, how often and for what purpose?				

Section 4: Claims Information

4.1

Does the Insured have a formal loss-control program? Yes No

If yes, please provide details:

4.2

Does the Insured have a formal employee safety-training program? Yes No

If yes, please provide details:

4.3

Does the Insured have a formal premises snow/ice clearance procedure? Yes No

If yes, please provide details:

4.4 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.):

Section 5: Limits of Liability Required

5.1 Commercial General Liability

Each Occurrence Limit	\$
Products - Completed Operations Aggregate Limit	\$
Personal Injury Limit	\$
Tenants Legal Liability Limit	\$
Medical Expense Limit - Per Occurrence/Per Person	\$
Non-Owned Automobile Limit:	
- Liability	\$
- Physical Damage	\$
Employee Benefits Limit	\$
Employers Liability Limit	\$
Advertising Injury Limit	\$
Other (specify):	\$

Section 6: Declarations

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: _____	Full Name: _____
Position Held: _____	Date: _____

Section 7: Additional Information

Additional Information: