



COMMERCIAL GENERAL LIABILITY

APPLICATION // ADDENDUM

1. Please answer all questions. If any section does not apply, please indicate with "Not Applicable" OR "None".
2. If there is insufficient space to complete your answer for a particular question please use and attach as many additional pages as required to include any supplementary information.

APPLICATION FORMS PART OF THE POLICY

The Applicant(s) submission of this application including any additional information does not obligate the Applicant to buy insurance nor are we obligated to sell or offer insurance upon any specific terms requested. If insurance is effected, this Applicant's application, including any additional information provided, all will attach to and form part of the policy that is issued.

Completion of this form does not bind coverage. Applicant's written acceptance of an insurance company's quotation and company's written agreement to be bound are required to bind coverage and issue policy.

GENERAL

1. General Information

a) Full Name of Applicant, including all subsidiary companies (list all entities to which this insurance must apply):

b) Applicant is: A Corporation A Partnership An Individual Other (specify) _____

c) Principal Address (including postal code): _____

d) Website: www. _____

e)

Estimated Next 12 Months	Canada	USA	Other Foreign
Gross Annual Sales/Receipts			
Annual Payroll			
Number of Employees			

Describe USA/other foreign exposure: _____

f) Please provide a complete description of all operations. Please provide activities for each named insured (including dormant, inactive companies):

g) Year business was established: _____

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h) How many years has the Applicant been in business under the current name? _____

i) Have any of the principals ever engaged in this or similar enterprises under a different name? Yes No

j) Explain all "Yes" responses (for past or present operations):

i) Any medical facilities provided or medical professionals employed or contracted? Yes No

ii) Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing or transporting of hazardous material (e.g., landfills, wastes, fuel tanks)? Yes No

iii) Any operations sold, acquired or discontinued in the last 10 years? Yes No

iv) Any docks, floats owned, hired or leased? Yes No

v) Any parking facilities owned/rented? Yes No

If Yes, please provide area in square meters: _____ m²

vi) Recreation facilities provided? Yes No

vii) Is there a swimming pool on the premises? Yes No

viii) Sporting or social events sponsored? Yes No

ix) Do you lease employees to or from other employers? Yes No

x) Any daycare facilities operated or controlled? Yes No

xi) Is there a formal, written safety and security policy in effect? Yes No

xii) Does the businesses' promotional literature make any representations about the safety or security of the premises? Yes No

xiii) Do you sell or serve alcoholic beverages? Yes No

xiv) Do you have food sales? Yes No

Explain all "Yes" answers:

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2. Premises and Operations

a) List full addresses of all locations owned and leased or attach a schedule:

Locations	Address (include postal code)	Area m ²	Owned	Leased
1			<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>

b) List all operations at each location or attach a schedule:

Locations	Operations
1	
2	
3	
4	

3. Automobile and Watercraft Exposures

a) Use and operation of vehicles not owned by you but used on your behalf (non-owned automobile coverage):

Employees

Number

i) Class A and B 9partner/officer/employee using private passenger or commercial vehicle

ii) Class C (agent of insured using private passenger or commercial vehicle)

iii) Hired vehicles: Cost of hire: \$_____ Type of vehicle: _____

b) Do you own, rent, charter or lease any watercraft?

Yes No

If Yes, please provide details on the type of watercraft and usage:

4. Claims and Insurance History

- Please provide a list of losses for the last five years or more (attach hard copy loss runs), indicating amounts from the first dollar, the cost of claims expenses and the aggregate of all losses.
- If loss runs are not available, please provide details of all individual losses greater than \$5,000, from the first dollar, including claims expenses.



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a) Are you aware of any other incidents, conditions, circumstances, defects or suspected defects which may result in claims against you?

Yes No

If Yes, please provide details: _____

b) If you have been self-insured or purchased liability insurance with a self-insured retention, who adjusted the claims and established reserves?

c) Have you ever been involved or named in any class-action, multi-claimant or multi-district litigation or lawsuits?

Yes No

If Yes, please provide details: _____

d) Present Insurer: _____

Limit of Liability: \$ _____ Present Premium: \$ _____ Policy Number: _____

e) Is the current insurer willing to renew?

Yes No

If No, please explain: _____

f) Does the present policy cover all your operations?

Yes No

If No, please explain: _____

g) Has any insurer ever cancelled, restricted, refused or non-renewal coverage?

Yes No

If Yes, please provide details: _____

5. Policy Limits and Term

a) Specifications

Policy Period (MM/DD/YYYY): From _____ To _____

b) Limits

Requested

Current

a) Bodily Injury and Property Damage (each occurrence): \$ _____ \$ _____

b) Self-insured Retention or Deductible requested: \$ _____ \$ _____

c) Personal and Advertising Injury: \$ _____

d) Medical Payments: \$ _____ per person \$ _____ per occurrence



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e) Tenants' Legal Liability: \$ _____

f) Employee's Benefits Liability: \$ _____

g) Non-owned Automobile: \$ _____ per accident

h) Other requested coverages: _____

6. Broker Information

Broker Name: _____ Brokerage: _____

Tel No: _____ Email: _____

How long have you known the Client? _____

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

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ADDENDUM - CONTRACTORS

1. Detail fully the types of operations and work to be performed during the next 12 months (i.e., the policy period for which this application is being made). Please include your estimated amount of work under Wrap-Up Liability policies, if applicable:

Operation (not insured under a Wrap-Up policy)	\$ Performed (gross receipts)	Percentage Subcontracted
a)	\$	%
b)	\$	%
c)	\$	%
d)	\$	%
Work performed under a Wrap-Up policy	\$	N/A

2. Are certificates of insurance obtained from all subcontractors? Yes No

If Yes, limits required: _____

3. Do you enter into formal contractual agreements with your subcontractors? Yes No

If Yes, do you require them to add you as an additional insured to their liability policies? Yes No

Please submit copy of your usual contract form.

4. Do you engage in any of the following operations?

By You, the Named Insured

- demolition or wrecking use of explosives
 shoring raising or moving
 underpinning tunnelling
 caisson work excavation
 welding or torch cutting (off your premises)

By Your Subcontractors

- demolition or wrecking use of explosives
 shoring raising or moving
 underpinning tunnelling
 caisson work excavation
 welding or torch cutting

If Yes, please provide details of work undertaken:

5. List contractors' equipment you use away from your premises or attach a schedule:



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6. Design-build Operations

Do your employees do professional design work for your projects and/or do you sublet out professional design work? Yes No

If Yes, please provide details:

7. Have you in the past done or is it possible you may bid in the future on railway work (including light rail commuter systems or airside work at airports)? Yes No

If Yes, please provide details:

It is understood and agreed that the completion of this Application Addendum does not bind the Insurers to sell nor does it obligate the Applicant to purchase the insurance.

8. Broker Information

Broker Name: _____ Brokerage: _____

Tel No: _____ Email: _____

How long have you known the Client? _____

Applicant's Name: _____

Applicant's Signature: _____ Date: _____



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ADDENDUM – MANUFACTURING

1. Product and Services

a) Describe your products and services. Indicate the number of years involved with each product:

b) Please provide details of any products acquired via acquisition or merger:

Did you retain liability for these products?

Yes No

c) Who performs the installation of your product(s)?

You Customer Third Party hired by the Customer Third Party hired by You

If more than one method is used, please explain:

d) Do you retain liability for any products or operations, which you no longer control?

Yes No

If Yes, please provide details:

e) Current and historical sales (include estimated for the next 12 months and actual for past four years):

Year	Canadian Sales	USA Sales	Other Foreign Sales	Main Product	% of Total
Estimated Sales (next 12 months)					
Past Year					
Second Prior					
Third Prior					
Fourth Prior					

f) What products have you ceased manufacturing during the past 10 years? Provide details or state NONE if none applies.

g) Explain how you identify your products and parts from similar competitors' products and parts:

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h) Will any new products be introduced in the next 12 months?

Yes No

If Yes, please explain:

i) Do you import products or component products?

Yes No

If Yes, please explain:

j) Do you manufacture the complete product?

Yes No

If No, please describe what components are purchased by you:

k) Do you assemble the product?

Yes No

If Yes, please describe the process:

l) Do you maintain and/or service your products?

Yes No

If Yes, please provide details:

m) If you are also a distributor and do not actually manufacture the products you sell, then does your manufacturer(s) provide you with vendor's liability coverage?

Yes No

n) Do you manufacture or distribute products related to the aircraft/space industry?

Yes No

o) Do you sell products of others you have repackaged under your label?

Yes No

2. Loss Prevention/Quality Control

a) Are written testing procedures followed?

Yes No

b) Are your designs subject to independent external review, testing or certification?

Yes No

If Yes, please provide details:

c) Are instructions, warning labels and advertising text provided to your customers?

Yes No



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d) Do you provide any specific training/instructions for the ultimate user in the proper use of your product? Yes No

If Yes, please provide details:

e) Have your products ever been subject to inquiry or investigation relative to product safety by any governmental agency? Yes No

If Yes, please provide details:

f) Are your products designed, tested, labeled and manufactured to meet or exceed all government and industry standards? Yes No

g) Which standards apply: UL/ULC CSA OSHA US FDA Other: _____

h) Do you have a written products recall plan? Yes No

If yes, please provide details:

i) Do you do your own design work? Yes No

If Yes, percentage: _____ %

j) Do you maintain records of design changes and reasons justifying these changes? Yes No

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Broker Name: _____ Brokerage: _____

Tel No: _____ Email: _____

How long have you known the Client? _____

Applicant's Name: _____

Applicant's Signature: _____ Date: _____