



# COMMERCIAL GENERAL LIABILITY

## APPLICATION // CONTRACTORS

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.**

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1. a) Full names of all insureds:
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
   
b) Names of Principals: \_\_\_\_\_
2. Mailing Address:
   
\_\_\_\_\_
   
\_\_\_\_\_
3. What is your current policy renewal date?: \_\_\_\_\_
4. Please list your present insurer and policy number:
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
5. Business:
   
a) Describe in full detail (brochure if available):
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
   
b) How long in business?: \_\_\_\_\_
6. a) Location of premises:
   
i) \_\_\_\_\_
   
ii) \_\_\_\_\_
   
iii) \_\_\_\_\_



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b) Fully describe operations at each location:

- i) \_\_\_\_\_
- ii) \_\_\_\_\_
- iii) \_\_\_\_\_

7. Are any of the above premises leased or rented in their entirety to others who control and operate the premises, elevators or boilers?

Yes  No

8. Has your company in the past performed or does it anticipate performing work in the forthcoming year:

a) Outside Canada?  Yes  No

If Yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

b) In the Province of British Columbia?  Yes  No

If Yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

9. Contractual - list all lease agreements, railway siding agreements, etc. (obtain copies of agreement where possible):

\_\_\_\_\_  
\_\_\_\_\_

10. a) Detail fully the types of operations and work performed (including work under wrap-ups if applicable) during the last 12 months:

Operation	\$ Performed (gross receipts)	Percentage Subcontracted
i)	\$	%
ii)	\$	%
iii)	\$	%
iv)	\$	%
v)	\$	%
vi) Work performed under wrap-ups	\$	N/A

b) 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-ups if applicable:

Operation	\$ Performed (gross receipts)	Percentage Subcontracted
i)	\$	%
ii)	\$	%
iii)	\$	%
iv)	\$	%
v)	\$	%
vi) Work performed under wrap-ups	\$	N/A



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11. What type of work is sublet?: \_\_\_\_\_
12. Are subcontractors required to submit liability insurance?  Yes  No
13. Are subcontractors required to submit liability certificates?  Yes  No  
Limit \$ \_\_\_\_\_
14. Do you enter into formal contractual agreements with your subcontractor?  Yes  No  
If Yes, do you include a "hold harmless" clause in your favour?  Yes  No  
Please submit copy of usual contract form.
15. Are all employees covered by Workers Compensation?  Yes  No
16. Tenant's Legal Liability:  
a) Location of premises: \_\_\_\_\_  
b) Amount to be insured: \_\_\_\_\_  
c) Is there a lease agreement?  Yes  No  
If Yes, please submit a copy.  
Some lease agreements make tenants fully responsible for damage. Liability assumed under such an agreement is not covered by the T.L.L. policy, it is specifically excluded. Always obtain and review lease agreements.
17. Is there any use of radioactive materials?  Yes  No
18. Do you operate a medical facility or employ a physician, surgeon or dentist?  Yes  No  
If Yes, please provide details: Number of doctors \_\_\_\_\_  
Number of nurses \_\_\_\_\_
19. Watercraft Exposure  
a) Do you own any watercraft?  Yes  No  
If Yes, please provide details on the type of watercraft and usage:  
\_\_\_\_\_  
\_\_\_\_\_  
b) Do you charter, rent or lease any watercraft?  Yes  No  
If Yes, please provide details on the type of watercraft and usage:  
\_\_\_\_\_  
\_\_\_\_\_
20. Do you charter, rent or lease any aircraft or watercraft?  Yes  No  
If Yes, a separate application is required.



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

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

If Yes, please provide details of work undertaken: \_\_\_\_\_

22. Provide claims experience for last three years, showing: Date, B.I. or P.D., Amount paid or outstanding. (Use back of form or separate sheet.)

23. State limits of liability required: \_\_\_\_\_

24. Deductible required:       \$5,000       \$10,000       Other \$ \_\_\_\_\_

25. a) Check coverage if required:

- Tenant's Legal Liability      Limit: \_\_\_\_\_
- Non-owned Automobile      Limit: \_\_\_\_\_
- Employee Benefits Liability      Limit: \_\_\_\_\_
- Employer's Liability      Limit: \_\_\_\_\_
- Forest Fire Fighting Expenses      Limit: \_\_\_\_\_

b) If non-owned automobile is required, please complete the following:

Employees	Number
i) Class A (employee using private passenger or commercial vehicle)	_____
ii) Class B (partner/officer)	_____
iii) Class C (agent of insured)	_____

c) Hired vehicles: Cost of hire \$ \_\_\_\_\_ Type of Vehicle: \_\_\_\_\_

26. Has any insurer cancelled, declined or refused to renew or issue insurance of the type applied for?       Yes       No

If Yes, please provide details:  
\_\_\_\_\_  
\_\_\_\_\_

Additional remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Broker Information**

Broker Name: \_\_\_\_\_ Brokerage: \_\_\_\_\_

Tel No: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you known the Client? \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_