



Commercial General Liability & Property Application Form

Which sections should you complete?

Section	Title	Should you complete it?
1.	Your business	All businesses must complete this section
2.	Subsidiary and associated companies	Please complete this section if you require cover under any section of cover for subsidiary or associated companies
3.	Commercial general liability	Please complete this section if you require this cover
4.	Property - buildings and contents	Please complete this section if you require this cover
5.	Business interruption	Please complete this section if you require this cover
6.	Claims	All businesses must complete this section
7.	Declaration	All businesses must complete this section

This application form

The purpose of this application form is for us to find out who you are and what you do in order to provide you a quotation through Pirbright Professions Inc. on behalf of our insurance markets. It does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle the insurer to treat this insurance as if it never existed.

If a contract of insurance is agreed between you and the insurer, this application form, and all other information given to us by you or anyone on your behalf, whether it is written, verbal or otherwise, will form the basis of the contract.

Whoever signs this form must be a director, officer, board member or senior manager of the proposer and must make all the necessary enquiries of their fellow directors, officers, board members, senior managers and employees to enable all the questions to be answered completely, accurately and clearly.



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Section 1 - Your Business

You must complete this section.

1.1 Your business

Business name	<input type="text"/>
Contact Name	<input type="text"/>
Operations	<input type="text"/>
Main address	<input type="text"/>
Postal Code	<input type="text"/>
Year business established	<input type="text"/>
Phone Number	<input type="text"/>
Email	<input type="text"/>

1.2 Your employees

Your total number of employees	<input type="text"/>
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1.3 Additional named insured, subcontractors & subconsultants

Do you require cover (under any section to be insured) for additional named insured, subcontractors, or subconsultants?

Yes No

If **Yes**, you must ensure that all other information you give in this application form incorporates that for the additional named insured, subcontractors, or subconsultants including income and claims information.

You must also complete **section 2** – Additional Named Insured, Subcontractors & Subconsultants.

1.4 Your income

Your total income: please provide a breakdown according to the legal jurisdiction of your contracts:

Jurisdiction dd/mmm/yyyy	Last completed financial year Year ending:	Current year Year ending:	Estimate next year Year ending:
Canada	\$	\$	\$
United States	\$	\$	\$
Worldwide (other than Canada & USA)	\$	\$	\$
Total	\$	\$	\$



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Section 2 – Additional Named Insured, Subcontractors & Subconsultants

Please complete this section if you require cover under any section of cover for additional named insured, subcontractors, subconsultants, or former firms.

We can extend this insurance to include additional named insureds, subcontractors, and subconsultants for which you require cover provided that

- a. a complete list of the companies is given below (or on a separate sheet if necessary); and

2.1 Additional Insureds, subcontractors & subconsultants

Coverage will only be provided for additional named insureds, subcontractors, or subconsultants for work done on behalf of and for the named insured.

Please provide the following details for all additional named insureds, subcontractors, or subconsultants to be insured.

Name	Mailing Address	Postal Code	Province



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Section 3 – Commercial General Liability

Optional – only complete this section if this insurance cover is required.

Professional service information:

3.1 Professional Services

- a. Please describe the services in which the company is engaged.
Please list specific service(s):
[REDACTED]
- b. Has the service(s) been discontinued? Yes No
If yes, what and when? [REDACTED]
- c. List any service(s) which the company has discontinued but which may still be in use (please indicate the last year service was provided)
[REDACTED]
- d. Does the company plan on providing any new services in next 12 months? Yes No
- e. Does the company professional services comply with all applicable government and compliance regulations? Yes No
If no, please explain: [REDACTED]
- f. Do company employees provide services at the customer's work site? Yes No
- g. Does the company subcontract any of this work? Yes No
If yes, please explain:
[REDACTED]
- h. Do you design any products for you or others? Yes No

3.2 Total payroll

	Description*	Estimate for next 12 months	Percentage of work away from your premises
	Clerical/non-manual	\$	%
	Professionals	\$	%
	Subcontractors	\$	%
	US Employees	\$	%

*Please enter a description for the type of manual work undertaken.

3.3 Premises

Number of premises you occupy: [REDACTED]

3.4 Buildings owned

- Does the company own the building(s)? Yes No
- a. If yes, please provide details:
- b. How many elevators (if any)?

3.5 US premises or operations

- Does the company have any US premises or operations? Yes No
- c. If yes, please provide details:
- d. Total number of employees?

3.6 Cover required

- a. Please select the limit required for commercial general liability:
\$1,000,000 \$2,000,000 \$5,000,000 Other: \$ [REDACTED]



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3.7 Worker's compensation Are all employees covered under provincial or federal worker's compensation insurance? Yes No

3.8 Contract liability Please list any contracts where liability is assumed:

3.9 Contract agreements What is the nature of these agreements?

b. What is the expiry date of your current policy?

3.10 Location of premises to be covered for Tenant's Legal Liability

Location	Full address	Postal Code
1.		
2.		
3.		

Please provide us with an additional list if more than three premises are to be insured.

- 3.11 Non-owned automobile
- a. Do employees use their own vehicles for company business? Yes No
If so, how many?
- b. How often and for what purposes do employees drive their own vehicles for company business?
- c. Does the company require employees to carry primary insurance for their vehicle in the event they use their personal vehicle for company business either full-time or occasionally? Yes No
- d. What types of vehicles are typically rented for company business?
- e. What province / state does the company rent from?
- f. Who is providing primary insurance (automobile liability and automobile physical damage) for rental vehicles?
1. Are certificates of insurance required? Yes No
2. Is the contract reviewed? Yes No
3. Are the coverage limits and insurance company verified? Yes No



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Section 4 - Property - Optional - only complete this section if this insurance cover is required. buildings and contents

4.1 Location of premises to be covered

Location	Full address	Postal Code
1.		
2.		
3.		

Please provide us with an additional list if more than three premises are to be insured.

4.2 Occupancy

For all premises listed above, please confirm the following:

- a. Is your business the only occupant of the building? Yes No
If **No**, please note that the area you occupy:
- b. Is the entire building used only for office based activities? Yes No
- c. Is this a home based office? Yes No

4.3 Construction details

- a. Are the buildings constructed with fire resistive materials? Yes No
- b. Are the buildings constructed of masonry materials? Yes No
- c. Are the buildings constructed of frame materials? Yes No
- d. Are all of the buildings in a good state of repair? Yes No

If you have answered **No** to question 4.3 d. above, please provide full details:

- e. Do any of the buildings have any unique construction features? Yes No
If **Yes**, please provide details below:

4.4 Building services

- a. Are the buildings heated by a conventional electric or natural gas heating system? Yes No
- b. Is the electrical installation inspected at least every five years by a qualified electrician and any defect remedied? Yes No
- c. Are any elevators, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? Yes No

Note: It is important to keep separate records of this as the insurer may not pay a claim unless you can demonstrate that these inspection requirements have been complied with.



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4.5 Intruder alarms

a. Are the premises protected by an intruder alarm system? Yes No

If **Yes**, please give the manufacturer and model of the intruder alarm (at each premises if applicable):

b. Are the intruder alarms maintained under contract at least every 12 months? Yes No

c. Please indicate the type of alarms fitted at the premises:

- Local alarms (on premises only) Local alarm connected to police
 Digital communicator (alarm receiving centre) Emergency station service
 Monitoring station service Central station supervised alarm
 Other – please provide details

d. Are the premises fitted with a fire alarm system? Yes No

If **Yes**, please give the manufacturer and model of the fire alarm (at each of the premises if applicable):

4.6 Security

If in a commercial office space, are all the doors equipped with double cylinder deadbolt locks? Yes No

a. If no, please describe protection:

4.7 Loss payee & mortgagees

If there are any additional financial interests in the property such as loss payees or mortgagees, please confirm below:

Name of party	Interest of party	Full address and Postal Code



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4.8 Amounts insured

a. Buildings (if applicable)

Please enter the full rebuild cost in the table below:

	Location 1	Location 2	Location 3
Buildings	\$	\$	\$

b. Contents at the premises

Please enter the replacement cost as new for each category in the table below. For fine art, please provide details.

	Location 1	Location 2	Location 3
General office contents	\$	\$	\$
Computers and other electronic equipment kept at the premises	\$	\$	\$
Software	\$	\$	\$
Fine art	\$	\$	\$
Property of others	\$	\$	\$
Landlord's fixtures and fittings and tenant improvements	\$	\$	\$

c. Property away from the premises

Please enter the replacement cost as new for each category in the table below. Portable computers and electronic equipment includes (but is not limited to): laptop and notebook computers, tablets, mobile phones, projectors, specialist electronic equipment.

The geographical limit determines the cover given to the items – please do not double count (e.g. if an item is included in 'within Canada' then it does not need to be counted in either 'within the US' or 'worldwide').

	Within Canada	Within the US	Worldwide
Portable computers and electronic equipment	\$	\$	\$
All other business equipment	\$	\$	\$

4.9 Additional coverages

- a. Flood coverage required? Yes No
- b. Earthquake coverage required? Yes No



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Section 5 - Business interruption

Optional – please complete this section if you require this insurance cover. It may only be purchased with either the property buildings or contents cover.

Please indicate the basis of cover required for the by completing the sections below. Please consult your broker if you need advice.

Important note: if you under insure, by understating these values, then the insurer may only pay a portion of any loss you may suffer. It is therefore essential that you get these figures as close to their true value as possible and if you are in any doubt, you should consult your broker.

5.1 Amounts insured

a. Loss of income/loss of gross profit

Please choose your required cover basis between either loss of income **or** loss of gross profit below. The insurer's cover for loss of income and loss of gross profit should include increased costs of working.

Please enter values for upcoming coverage period selected (e.g. if the coverage period selected is 12 months, then the revenue or gross profit figure should be for 12 months).

Loss of income – total annual revenue:

Loss of gross profit – amount insured:

Coverage period (months) 12 18 24 36

b. Increased costs of working

Please enter values for the upcoming coverage period selected if you wish to insure increased costs of working without insuring loss of income or loss of gross profit.

Amount insured:

Coverage period (months) 12 18 24 36

c. Additional increased costs of working

Please enter values for the upcoming coverage period selected if you wish to insure any additional increased costs of working.

Amount insured:

Coverage period (months) 12 18 24 36

d. Outstanding debts

Please enter the amount insured you require below.

Amount insured:

5.2 Disaster recovery plan

Do you have a disaster recovery or business continuity plan?

Yes No

If **Yes**, please attach a copy to this application form.



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Section 6 - Claims

You must complete this section. Please complete the claims questions for any risk now to be insured.

6.1 General

- a. During the last five years, has the company carried Commercial General Liability insurance? Yes No
- b. Has the company ever been declined, non-renewed or cancelled by an insurer for Commercial General Liability insurance? Yes No
- c. Has the company ever been declined, non-renewed or cancelled by an insurer for Property insurance? Yes No

If **Yes** to questions b or c, please provide details:

Date	Details
dd-mmm- yyyy	

- d. During the last five years, has the company had any claims made against it? Yes No

If the answer is **Yes**, please give full details below:

Date	Details	Amount	Remedial action
dd-mmm yyyy			

Please continue on a separate sheet if necessary.

- e. Is the company aware of any situation or circumstances which could result in a claim? Yes No

If **Yes**, please provide details:

Date	Details
dd-mmm- yyyy	



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Section 7 - Declaration

You must complete this section.

Please read the declaration carefully and sign at the bottom.

7.1 Material information

Please provide us with details of any information which may be relevant to our consideration of your application for insurance. If you have any doubt over whether something is relevant, please let us have details.

7.2 Your information

By signing this application form, you consent to Pirbright Professions Inc. using the information we may hold about you or others related to your policy for the purposes of providing insurance and handling claims, if any, and to process sensitive personal information about you or others related to your policy where this is necessary (for example health information or criminal convictions). This may mean Pirbright Professions Inc. has to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, third party service providers, reinsurance companies, insurer tracing offices and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by Pirbright Professions Inc. as set out above. The information provided will be treated in confidence and in compliance with the Personal Information Protection Act (PIPA). You or others related to your policy may have the right to apply for a copy of this information and to have any inaccuracies corrected.

For training and quality control purposes, telephone calls may be monitored or recorded.

7.3 Declaration

I/We declare that (a) this application form has been completed after proper inquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our application for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our application for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle the insurer to void this insurance policy.

I/We agree that this application form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of director/officer/board member/senior manager.

Date - dd/mmm/yyyy

A copy of this application should be retained for your records.

7.4 Complaints

Should you have any questions or if you require any additional information, please do not hesitate to contact us. Contact information as follows:

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