

COMMERCIAL GENERAL LIABILITY APPLICATION

1. General Information

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

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

c) Principal Address: _____

d) Website: _____

e) Number of Employees and Payroll:

	Employees	Payroll
Canada		
USA		
Other		
Total		

f) Give complete description of all operations. Please provide activities for each named insured. Including dormant, inactive companies: _____

g) Year business was established: _____

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) Please state the name, title and telephone number of the person we may contact in order to arrange for an inspection of your operation:

Name: _____ Title: _____

Telephone: _____

2. Specifications

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

b) Limits of Liability Requested:\$ _____ Current:\$ _____

c) Self-insured retention of Deductible (specify) Requested:\$ _____ Current:\$ _____

d) Retroactive date if applicable: _____

e) Has any insurer ever cancelled restricted, refused, non-renewed coverage? Yes No

If yes, explain: _____

3. Premises and Operations

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

Locations	Address (incl. Postal Code)	Owned	Leased
1			
2			
3			
4			
5			

b) List all Operations of each location:

Locations	Operations
1	
2	
3	
4	
5	

c) List Operations Subcontracted:

Value	Description of the work subcontracted
\$	
\$	
\$	
\$	

- d) Any USA or Foreign Locations? Yes No
- e) Are Certificates of Insurance obtained from all subcontractors? Yes No
 If yes, limits: _____
- f) Are all Subcontractors required by you to be covered under Worker’s Compensation? Yes No
- g) List your top 3 customers (name/industry) and sales generated of your 3 largest customers:

Customers	Sales
1	\$
2	\$
3	\$

4. **Products and Services**

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

- b) Details of any products acquired via acquisition or merger: _____

- c) Did you retain liability for these products? Yes No
- d) Who performs the installation of the applicants’ products(s)? If more than one method used, please explain:
 Applicant Customer Third Party hired by: The Customer Applicant
- e) Does applicant retain the liability for any products or operations, which they no longer control? Yes No
 If yes, explain: _____

f) Current and historical sales (include estimated for next 12 months and actual for past 5 years):

Year	Canadian Sales	ROW Sales	USA Sales	Main Product	% of Total
Estimated Sales (Next 12 months)					

- g) What products have you ceased manufacturing during the past 10 years? Please provide details or state NONE if none applies: _____

- h) Explain how you identify your products and parts from similar competitors’ products and parts: _____

- i) Will any new products be introduced in the next 12 months? Yes No
 If yes, explain: _____
- j) Do you import products or component products? Yes No
 If yes, explain: _____
- k) Do you manufacture the complete product? Yes No
 If no, what components are purchased by you? _____
- l) Do you assemble the product? Yes No
 If yes, what is the process? _____

- m) Do you maintain and/or service the products? Yes No
If yes, explain: _____
- n) If you are 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
- o) Do you have any Agreements with Dealers, Manufacturers or Distributors related to your products? Yes No
If yes, do the Agreements contain Hold Harmless Clauses in your favor? Yes No

5. Claims History

Please provide 5 years or more (attach hard copy loss runs), total aggregate losses, from first dollar, including expenses. Please provide details of all individual losses greater than \$10,000, from first dollar including expenses.

- a) Present Insurer _____
Liability Limit _____ Present Premium _____ Deductible _____
- b) Is the current insurer willing to renew? Yes No
If no, explain: _____
- c) Does present policy cover all your operations? Yes No
If no, explain: _____
- d) Are you aware of any other incidents, conditions, circumstances, defects, or suspected defects which may result in claims against you? Yes No
If yes, explain: _____
- e) If you have been self-insured or had an SIR, who adjusted the claims and established reserves? _____
- f) Have you ever been involved or named in any class action, multi-claimant or multi-district litigation or lawsuits?
 Yes No If yes, explain: _____

6. 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, attach details.
- c) Are instructions, warning labels and advertising texts provided to your customers? Yes No
- d) Do you provide any specific training/instruction for the ultimate user in the proper use of your product? Yes No
If yes, explain: _____
- e) Have your products ever been subject to inquiry or investigation relative to product safety by any governmental agency?
 Yes No If yes, explain: _____
- f) Are you products, designed, tested, labeled and manufactured to meet or exceed all government and industry standard?
 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, explain: _____
- i) Do you do your own design work? Yes No
- j) Do you maintain records of design changes and reason justifying these changes? Yes No

7. Use of Non-Owned Automobiles

- a) Number of rental days by vehicle type by rental location:

Canadian Sales	USA	Ontario	Quebec Manitoba Saskatchewan British Columbia	Alberta	Atlantic Provinces
Cars					
Light Trucks (GVW of 4,500 kg. or less)					
Heavy Trucks					
Tractors					

b) Amount spent on rental of automobiles by rental location:

Canadian Sales	USA	Ontario	Quebec Manitoba Saskatchewan British Columbia	Alberta	Atlantic Provinces
Current Year					
Estimated Next Year					

NOTICE TO APPLICANT – PLEASE READ CAREFULLY

The applicant declares that the statements and information set forth in this Application and in any attachments made hereto are true and no material facts have been suppressed or misstated.

The applicant agrees that the Insurance Company or its designee may make such inquiries with respect to the proposed insurance as are deemed necessary by the Insurance Company. The Insurance Company reserves the right to amend the terms, conditions and limitations of any policy issued as a result of this Application if subsequent to the date of this Application, but prior to the inception date of such policy, if there are any material changes to the information contained herein. In the event of such material changed as aforesaid, the applicant agrees to give immediate written notice to the Insurance Company and the former insurer and such notice shall attach to and form part of this Application.

Signing this Application does not bind the applicant to the Insurance Company to complete the insurance, but is agreed that the statements and particulars contained in this Application will be relied upon by the Insurance Company should a policy be issued, and, in such case, the Application shall form a part of the policy.

Privacy Disclosure and Consent

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Applicant's Signature: _____

Date: _____

Brokerage Name: _____

Broker's Signature: _____

Date: _____