



Victor Canada
 500-1400 Blair Place
 Ottawa, Ontario K1J 9B8
 Telephone 613-786-2000
 Facsimile 613-786-2001
 Toll Free 800-267-6684
 www.victorinsurance.ca

Application Addendum

Commercial General Liability Insurance

1. Name of Applicant: _____
2. Form of Business: Individual Partnership Corporation
 Other (please explain) _____

3. List all locations at which business is conducted, providing details indicated below:
- | Address | Rent or Own | Area (m ²) |
|---------|-------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Note: Question 4 need not be completed if the Applicant’s premises consist solely of leased office space.

4. (a) If the building is over 25 years old, indicate in which year any of the following items were renovated:
 Electric Wiring _____ Plumbing _____ Heating _____ Roof _____
- (b) Describe fire protection system:
 Fire extinguishers (number) _____ Smoke detectors (number) _____
 Fire alarm system? YES NO
 If yes, is it monitored by a central station? YES NO
5. Does the Applicant lease or rent equipment or tools (other than office equipment) from others? YES NO
- (a) If yes, please provide details: _____
- (b) Does the Applicant indemnify the owner for liability? YES NO

6. If business is other than an individual, provide employee information by classifications indicated below:
- | | Number of Employees | Annual Payroll |
|-----------|---------------------|----------------|
| Executive | _____ | _____ |
| Clerical | _____ | _____ |
| Other | _____ | _____ |

7. Indicate the number of employees domiciled in the United States: _____
8. Indicate the number, location and function of any employees who are not covered under an applicable (provincial or other) Workers’ Compensation Insurance Program:

9. Provide a complete description of the Applicant's:

- (a) operations (including hazardous processes);
- (b) work conducted away from the Applicant's premises in connection with construction, installation, repair, services or maintenance;
- (c) products manufactured, distributed or sold;
- (d) hazardous materials stored, handled or shipped.

10. Provide the following information regarding annual sales, for each type of product or service:

Type of Product/Service	Past Fiscal Year	Estimated Current Fiscal Year	Estimated Next Fiscal Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. For any work or service performed on behalf of the Applicant by other contractors, provide (a) estimates of the annual cost of such work; (b) details of insurance which the Applicant contractually requires these contractors to carry; and (c) whether these contractors are requested to provide evidence of such insurance:

12. If services are rendered or products distributed outside Canada, provide a breakdown of sales for Canada, United States and foreign (indicate country): _____

13. Describe any use of aircraft or watercraft owned, operated or maintained by the Applicant:

14. Coverage Particulars

(a) Limit(s) of Liability requested: \$ _____

(b) Property Damage Deductible(s) requested: \$ _____

15. Extensions

(a) Tenants' Legal Liability YES NO

If tenants' legal liability is required, please indicate the limit of liability required for each leased location listed in response to question 3:

(i) \$ _____

(ii) \$ _____

(iii) \$ _____

(b) Non-owned Automobile Liability YES NO

If non-owned automobile liability is required, please respond to the following questions:

(i) Please indicate the number of employees who regularly drive their own vehicle on company business:

(ii) Please indicate the approximate number of "rental days" in the next 12 months that your employees will rent a vehicle (short term) for the purpose of conducting company business in:

Canada: _____ United States: _____

(iii) Please indicate the typical type of vehicle rented: _____
and the typical value per rented vehicle: _____

(c) Employee's Benefits Liability YES NO

(d) Employers' Liability YES NO

16. Current Commercial General Liability Insurance (if other than Victor)

(a) Name of Present Insurer: _____

(b) Policy Period: _____

17. Has any insurer cancelled, declined or refused to renew or issue insurance of the type applied for? YES NO

If yes, please provide reason: _____

18. Claims History

Have there been any liability claims or potential claims that have come to the Applicant's attention during the past three years? YES NO

If yes, for each incident, detail the date of the loss, nature and cause of the claim, amount claimed, costs actually incurred (claim investigation, defence costs and damages), and status of the claim. Please use additional paper if necessary.

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.

Signature of Applicant

Date