

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Limited Liability Company

Any Subsidiaries: \_\_\_\_\_

**COMMERCIAL GENERAL LIABILITY**

1. Year Company Established: \_\_\_\_\_ Years of experience: \_\_\_\_\_

	Actual Gross Receipts for the past 12 months	Estimated Gross Receipts for the next 12 months
Canada		
US		

3. Description of Operations (Indicate approximate gross revenue for each of the following collected by the applicant for the past year):

Sales		Services	
Fuel – gas / diesel	\$	Valet services	\$
Propane or Natural Gas	\$	Vehicle storage	\$
Convenience Store	\$	Towing	\$
New cars / light trucks	\$	Repair shop	\$
Used cars / light trucks	\$	Mobile Repair	\$
Recreational vehicles	\$	Auto Body	\$
Heavy Trucks	\$	Detailing / Cleaning	\$
Motorcycles / Off Road Vehicles	\$	Car Wash	\$
Trailers / Campers / Motorhomes	\$	Rentals – vehicles or equipment	\$
Boats	\$	Rentals – property (tenants)	\$
Farm machinery	\$	Recycling / Salvage	\$
New Parts	\$	Auctioning	\$
Used Parts	\$	Import / Export	\$
Restaurant	\$	Other	\$
Other	\$		

**Subcontracted Operations:**

4. Describe any operations subcontracted to others: \_\_\_\_\_
5. Are certificates of insurance required from sub-contractors?  Yes  No
6. Do subcontractors name applicant as an additional insured on their policy?  Yes  No

**REQUIRED CGL COVERAGE LIMITS:**

Commercial General Liability	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$5,000,000
<p>*** PLEASE NOTE – contains limited pollution coverage – refer to wording ***</p> <p>For specific Pollution Coverages refer to Environmental Impairment Liability application</p>					

**CYBER: The following coverages cannot be purchased on a standalone basis without CGL**

7. Does the applicant follow the minimum standards under the PIPEDA or the respective PIPA requirements (encryption and firewalls in place)?  Yes  No
8. Does the applicant collect/retain any sensitive data or non-public personal information (For example: social insurance number, bank account details etc.) from their clients?  Yes  No

**PROPERTY: The following coverages cannot be purchased on a standalone basis without CGL**

9. Location to be Insured: \_\_\_\_\_
10. Distance to hydrant: \_\_\_\_\_ Distance to responding fire department: \_\_\_\_\_
11. Year Built: \_\_\_\_\_ # of Stories: \_\_\_\_\_ Square Footage (occupied by insured): \_\_\_\_\_
12. Building Construction:  HCB/Masonry  Frame  Metal Clad  Non Combustible  Fire Resistive  Other: \_\_\_\_\_
13. Heating:  Gas  Electric  Oil Other: \_\_\_\_\_ Electrical:  Breakers  Fuses Other: \_\_\_\_\_
14. Latest Updates: Roof \_\_\_\_\_ Heat \_\_\_\_\_ Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_

15. Other occupants in the building: \_\_\_\_\_
16. Burglary Alarm:  Monitored  Local  No Fire & Smoke Alarm:  Monitored  Local  No Sprinklered:  Yes  No
17. Surveillance System:  Yes  No CO<sub>2</sub> Alarm:  Yes  No # of fire extinguishers (ULC certified): \_\_\_\_\_

**PROPERTY COVERAGE SUMMARY:**

Coverage	Limit	Deductible
Building - All Risk - Replacement Cost – 90% Co-Insurance	\$	\$
Contents of Every Description - All Risk - Replacement Cost – 90% Co-Insurance	\$	\$
Equipment - All Risk - Replacement Cost – 90% Co-Insurance	\$	\$
Stock - All Risk –Actual Cash Value	\$	\$
Miscellaneous Property Floaters		
- Computer Equipment (incl. Laptop)	\$	\$
- Tools	\$	\$
- Portable Equipment	\$	\$
Business Interruptions /Profits (12 months indemnity period)	\$	\$
Rental Income	\$	\$
Extra Expense	\$	\$
Earthquake (restrictions in Cresta Zone 1)		10%
Sewer Backup		\$2,500
Flood Coverage		\$10,000
Optional Coverages	Limit	Deductible
Equipment Breakdown – max per year	\$	\$
Crime	\$	\$

**PREVIOUS INSURANCE:**

18. Current Carrier: \_\_\_\_\_ Expiring CGL & Property Premium: \_\_\_\_\_ Expiry Date: \_\_\_\_\_
19. Have you ever had insurance that's been cancelled/declined or non-renewed?  Yes  No
- If yes, please give full details: \_\_\_\_\_

**LOSS HISTORY – ALL:**

20. Indicate all claims or losses that may give rise to claims for the prior five years.

Check if no losses last five years

Date of Loss	Description of Loss	Amount Paid	Claim Status (Open or Closed)
		\$	
		\$	
		\$	

**PLEASE READ BEFORE SIGNING:** A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

**NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.**

Printed Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

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

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

Broker Email: \_\_\_\_\_ Broker phone: \_\_\_\_\_

*Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

**\*\* Email application and attachments to - [newbizcommauto@premiergroup.ca](mailto:newbizcommauto@premiergroup.ca) \*\***  
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