

Name Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

**SECTION 1 – COMMERCIAL GENERAL LIABILITY**

1. Have there been any changes in operations?  YES  NO  
 If yes, please describe: \_\_\_\_\_

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

3. No. of Employees: \_\_\_\_\_

4. Projected tonnage for all recycling operations: \_\_\_\_\_

5. Do all vehicles continue to carry Commercial Auto Insurance? If yes, limits of liability carried : \$ \_\_\_\_\_  YES  NO

6. **Description of Operations (Indicate the percentage for each of the following materials collected by the applicant):**

Aluminum/Copper/Nickel/Scrap Metal/Tin/Iron	%	Hospital / medical materials	%
Bottles (glass/plastic)	%	Lead	%
Batteries/Oil/Antifreeze	%	Medical Supplies	%
Chemicals	%	Oil collection (used)	%
Clothing/Textiles/Furniture	%	Paper/Cardboard(Bailed)	%
Construction Materials(e.g. drywall)	%	Plastics	%
Debris (containing asbestos/lead)	%	Power Transformers	%
Electronics(Computers/Monitors/Televisions)	%	Rags	%
Fridge/freezers	%	Rubber recycling - <i>please complete Rubber Supplemental Application</i>	%
Glass	%	Solvents	%
Green Composting	%	Vehicle fluids - (Specify):	%
Grease collection	%	Wood pallets	%
Other (Please Specify):			

**Subcontracted Operations:**

7. Have there been any changes in subcontracted operations?  YES  NO  
 If yes, please describe: \_\_\_\_\_

8. Are certificates of insurance required from sub-contractors?  YES  NO

9. Do subcontractors name insured as an additional insured on their policy?  YES  NO

**Other Operations:**

10. Does insured engage in the following operations?

Auto dismantling	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hauling for others	<input type="checkbox"/> YES <input type="checkbox"/> NO
Garbage or refuse haulers	<input type="checkbox"/> YES <input type="checkbox"/> NO	Remanufacturing/refurbishing of products	<input type="checkbox"/> YES <input type="checkbox"/> NO
Iron or steel merchants	<input type="checkbox"/> YES <input type="checkbox"/> NO	Salvage operations	<input type="checkbox"/> YES <input type="checkbox"/> NO
Junk yards or junk dealers	<input type="checkbox"/> YES <input type="checkbox"/> NO	Scrap metal dealers	<input type="checkbox"/> YES <input type="checkbox"/> NO
Landfills or dumps	<input type="checkbox"/> YES <input type="checkbox"/> NO	Smelting/foundry operations	<input type="checkbox"/> YES <input type="checkbox"/> NO

11. Any changes to the process of material handling?  YES  NO

12. Does the insured continue to have a response and control program in place for a hazardous substance leak or spill?  YES  NO

13. Additional Insured(s) (If applicable): \_\_\_\_\_

**SECTION 2 – PROPERTY**

14. Have there been any changes to property limits from last year?

YES  NO

If yes, please provide full renewal limit coverage(s) that will be required for each category below:

Property Coverage	Limit Required	Property Coverage	Limit Required
Building	\$ _____	Contractors Equipment Schedule Item Description (Year, Make, Model, Serial #) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
Equipment	\$ _____		\$ _____
Leasehold Improvements	\$ _____		\$ _____
Stock	\$ _____		\$ _____
Profits – 12 Months Indemnity Period	\$ _____		\$ _____
Extra Expense	\$ _____		\$ _____

**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.**

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

Date: \_\_\_\_\_

Broker's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

Broker Phone: \_\_\_\_\_

**NOTE: THERE IS NO AUTOMATIC RENEWAL. WE REQUIRE THIS FORM COMPLETED AND RETURNED PRIOR TO THE EXPIRY DATE IN ORDER FOR US TO OFFER RENEWAL TERMS.**

*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 - [processingcommercial@premiergroup.ca](mailto:processingcommercial@premiergroup.ca) \*\***

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