



# OWNERS, LANDLORDS AND TENANTS LIABILITY APPLICATION

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant:**  
(And all Subsidiaries)

2. **Mailing Address:**

**Website Address:**

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3. How long has applicant been in business under the above name? \_\_\_\_\_

4. **Description of Business Operations/Occupancy:**

5. **Buildings or Premises:**

Location(s):

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

6. If you owned, give area occupied by:

- |      |          |         |          |
|------|----------|---------|----------|
| You: | a) _____ | Others: | a) _____ |
|      | b) _____ |         | b) _____ |
|      | c) _____ |         | c) _____ |

If rented give:

Area Occupied

Annual Rent

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

7. **Estimated Annual Payroll:**

- a) Clerical & Administrative \_\_\_\_\_
- b) Salesmen (In and Out) \_\_\_\_\_
- c) Manufacturing or Plant \_\_\_\_\_
- d) Installation or erection \_\_\_\_\_
- e) Servicing \_\_\_\_\_
- f) Warehousing, including shipping \_\_\_\_\_

g) Are all employees covered under WSIB?  Yes  No

If No, please list numbers by job description and estimated payroll:

Job Description	Payroll
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. **Elevators** (own or for which you are responsible by lease agreement):

Location(s):

Number	Type (passenger a/o freight elevator)
_____	_____
_____	_____
_____	_____



9. **Independent Contractors** (give estimated cost of work given to independent contractors):

- a) as owner of buildings, repair & maintenance \_\_\_\_\_
- b) as general contractor or contractor \_\_\_\_\_
- c) others – describe: \_\_\_\_\_

Do you require all contractors or sub-contractors to provide proof of liability insurance?  Yes  No

If Yes, what limit? \_\_\_\_\_



b) Is the property fenced? How is access of the property controlled/monitored? Is use by third parties authorized/tolerated, if so details of these activities. Patrolled by insured or third party security firm?

c) Access control signage/warning signage posted (for example on trespassing signs). Please describe:

d) Please provide a diagram of the property with notes on the nature of neighboring exposures, character of neighbourhood and property features:

13. **Housekeeping and Maintenance Procedures**

Please provide details of any third party maintenance contractor:

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If there is a parking lot, what maintenance schedule is in place?

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What provisions are in place for ice and snow removal?

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What procedures are in place for reporting injuries?

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Are incident report forms used? (If Yes, please attach a copy):

Yes  No

14. Does applicant presently carry insurance?

Yes  No

If yes, who is present insurer: \_\_\_\_\_ Premium: \_\_\_\_\_

Is the present insurance Claims Made?  Yes  No

If Yes, state retro date: \_\_\_\_\_

Are they willing to renew?  Yes  No

If No, please explain: \_\_\_\_\_

Does the policy cover all operations of the Insured?

Yes  No

If No, please describe: \_\_\_\_\_

**15. Claims History**

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you?

Yes  No

If Yes, give details: \_\_\_\_\_

**16. Non-Owned Automobile**

Number of employees using their cars on company business:

Regularly \_\_\_\_\_

Occasionally \_\_\_\_\_

Estimated annual cost of:

hired cars \_\_\_\_\_

cars operated under contract \_\_\_\_\_

**17. Accident Prevention and First Aid**

First Aid Post

Doctors: \_\_\_\_\_

Full Time: \_\_\_\_\_

Part Time: \_\_\_\_\_

Nurses: \_\_\_\_\_

Full Time: \_\_\_\_\_

Part Time: \_\_\_\_\_

Fire alarm – other warning systems: \_\_\_\_\_

Yes  No

Is there a security officer or are there loss prevention engineers employed?

Yes  No

18. Please indicate limit(s) of liability required: \_\_\_\_\_

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.**

\_\_\_\_\_  
Signature of Applicant (authorized representative)

\_\_\_\_\_  
Date

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**