



Since 1961, our MGA has been offering a broad range of insurance solutions for specialty, niche, program and hard-to-place business.

Quotes@swgins.com
www.swgins.com

CGL RENEWAL APPLICATION

Broker _____ Date _____
 Insured _____
 Policy # _____
 Expiry _____

PLEASE COMPLETE AND RETURN TO OUR OFFICE AT LEAST 2 WEEKS PRIOR TO RENEWAL DATE.

EMPLOYEES

Executive		(number)		\$	actual payroll
Clerical		(number)		\$	actual payroll
Shop		(number)		\$	actual payroll
Field		(number)		\$	actual payroll
Other (clarify)		(number)		\$	actual payroll

ANNUAL SALES / RECEIPTS

\$	Actual (past term)
\$	Estimated (coming term)
\$	USA
\$	Foreign (other than USA – details)

FOREIGN /U.S.A SALES (Full Details) _____

SUB CONTRACTORS \$ _____ estimated annual receipts not to be included as part of total Receipts – but in addition to same

DETAILS OF WORK SUBLET _____

WORK AWAY FROM INSURED'S OWN PREMISES _____ % Details _____

Are certificates of Insurance obtained from all sub – contractors? Yes No

Any change in operation during the past year? (Explain new, discontinued or change in method or products)

Any new subsidiaries or locations in past year Yes No Details

Operation in other provinces? Yes No If so, where? _____

All employees covered by Workmen's Compensation? Yes No

Specify any exceptions _____

Work done in Petro Chemical Plants _____ % Explain _____

Explain work with gas, propane or on gas lines _____

Split of Business Residential _____ % Commercial _____ % Industrial _____ %

Does Insured lease or maintain own garage facilities? Yes No

Any elevators or escalators on premises? Yes No

Details _____

Any aircraft or watercraft exposures? Yes No

Details _____

NON – OWNED AUTOMOBILE _____

Number of staff regularly using cars on company business _____

Payments for hired / rented vehicles annually? Trucks _____ Cars _____

Date _____ Signed _____

SUBMITTED BY: _____

E-MAIL: _____

Please Note:

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. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.