

# Commercial General Liability Application



The purpose of this application form is for us to find out who you are and to obtain some information for the coverage you are seeking. This is just an application for quoting purposes; neither party is obligated to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide, or has been provided on your behalf, in this application form must be complete, accurate and not misleading. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. **PLEASE READ CAREFULLY.**

## 1. Broker Information

Brokerage: \_\_\_\_\_ Broker ID: \_\_\_\_\_

Broker Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

## 2. Applicant Information

Name Insureds(s): \_\_\_\_\_ Principal(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Risk Location: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Policy Term: **[12-Month Term]** Other Policies with ODIS: \_\_\_\_\_

Prior Insurance & Expiry Date: \_\_\_\_\_ If no prior insurance, please provide reason: \_\_\_\_\_

## 1. Risk Information

Fully describe the nature of your business activities, including website address. (If no website, attach brochure or company literature):

Year company was established: \_\_\_\_\_ Number of years of experience: \_\_\_\_\_

List of operations (attach separate document if further space is required):

Activity	Percentage of your total revenue	Percentage Subcontracted

## 2. Select any of these that apply to your operations:

<input type="checkbox"/>	Excavation	<input type="checkbox"/>	Welding or Torch Cutting
<input type="checkbox"/>	Underpinning	<input type="checkbox"/>	Demolition or Wrecking
<input type="checkbox"/>	Shoring	<input type="checkbox"/>	Raising or Moving
<input type="checkbox"/>	Tunnelling	<input type="checkbox"/>	Caisson Work
<input type="checkbox"/>	Excavation	<input type="checkbox"/>	None

## 3. Subcontractors Information (if applicable)

	Yes	No
Are subcontractors required to submit liability certificates?		
*If 'yes', what is the minimum limit you require?		
Do you enter into formal contract with your subcontractors?		
*If 'yes', do you include a "hold harmless" clause in your favour? (please include a copy of the contract)		

## 4. Revenue Information (Please state your revenue in respect of the following years, with respect to this property)

Revenue Origin	Gross Revenue for the last 12 months	Estimated Gross Revenue for the next 12 months
Canadian revenue:		
U.S.A revenue:		
Other:		

<b>5. Have there been or will there be any changes to your operations/activities?</b>		Yes	No
---	--	-----	----

If 'yes', please detail any changes to your business activities or attach details of other changes:

**6. List all buildings or premises** (please list on a separate sheet if more space is required)

Do you have any USA locations?	Yes	No	<b>*If 'yes', please provide details in address fields below.</b>
--------------------------------	-----	----	---

Address	Owned or Rented	% Occupied by Insured	Operations performed at each location

Are the above leased or rented in their entirety to others who control and operate the premises' elevators or boilers?	Yes	No
--	-----	----

Does your business have any special premises or operations hazards such as owned or chartered watercraft; private docks or wharfs; swimming pools; private roads; mechanical truck loading or unloading facilities; radioactive material; owned, leased or chartered, any dams reservoirs or private railroads.      Yes      No      **\*If 'yes', please fully describe below:**

**7. Employment Information**

Number of employees:	Are all employees covered under WSIB?	Yes	No
----------------------	---------------------------------------	-----	----

**Please state your annual anticipated payroll broken down as detailed below, in dollar amounts:**

Revenue	Non-Manual	Manual	Hazardous
Working at your premises			
Working away from premises			

Do your employees use their personal automobile on company business?	Yes	No	<b>*If yes, please provide details below:</b>
--	-----	----	---

Estimated annual cost of hired/rented automobiles:

**8. Please provide details of your current Errors & Omissions Insurance (if any):**

	Effective Date	Limit	Deductible	Premium	Insurer
Current					

**9. Insurance Loss & History**

Has insurance ever been cancelled or refused for this property?	Yes	No
---	-----	----

**If 'yes', please explain:**

Have there been claims or losses (whether covered by insurance or not) by the applicant in the last 5 years?	Yes	No
--	-----	----

**If 'yes', please provide details in below:**

Date of Loss	Claim Closed?	Type of Loss	Amount Paid	Preventative Measures in Place?
	Yes    No			
	Yes    No			

10. Coverage Information	Limits Required	Deductible
Commercial General		
Commercial General Aggregate		
Tenant's Legal Liability		
Employee Benefits Liability		
Non-Owned Automobile		
Any Specific coverages required?		

**11. Additional Comments**

NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS ODIS Underwriting Inc. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE. ODIS Underwriting Inc. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we 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.

**Full Name(s):** **Signature(s) of All Named Insureds (only required if binding)** **Date:**