



COMMERCIAL GENERAL AND UMBRELLA LIABILITY APPLICATION

Instructions to the Applicant:

Please answer all questions. The information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered material to that evaluation.

If a question is not applicable, state N/A. If more space is required to answer a question, please attach an exhibit stating the question number.

This application must be signed and dated by an authorized person.

PLEASE ATTACH THE FOLLOWING

Brochures, advertisements, or the descriptive literature about the firm, its operations and services.

Recent annual and quarterly financial statements.

APPLICANT INFORMATION

1. Applicant's name:

2. Applicant's address:

3. Applicant is:
 - Corporation
 - Partnership
 - Individual
 - Other (Specify):

4. Description of operations:

5. In business since:



6. Name and address of subsidiaries (domestic and foreign):

Name	Address	Dom	For.

7. Have any of the principals ever engaged in this or similar enterprises under a different name? Yes No
If Yes, attach details

8. Please state the name, title and telephone number of the person we may contact in order to arrange for an inspection of your operations.

Name:	
Title:	
Tel. #:	

DETAILS OF REQUIRED COVERAGES

9. Effective date of insurance:

10. Name of present insurer:

11. Has any insurer ever refused or canceled any insurance? Yes No
If Yes, provide details.

LEASED PROPERTY

12. Describe all leased buildings:

Location	Area	Occupancy	Annual Rent	Construction Year

13. Does the applicant own or lease any of the following property? Yes No

14. Freight and/or passenger elevator? Yes No
If Yes, specify number, type, capacity, use and locations:

15. Lots? Yes No
 If Yes, specify location, area, use:

16. Owned watercraft? Yes No
 If Yes, specify number, type, length, H.P.:

17. Leased or chartered watercraft? Yes No
 If Yes, please specify number, type, length, H.P.:

18. Aircraft? Yes No
 Owned
 Non-Owned
 Please specify the numbers, maximum seating capacity and annual costs:

OPERATIONS

19. Number of employees and annual payroll:

	Canada	U.S.A.	Other
No. of employees:			
Annual Payroll:			

20. Does applicant handle any material that could cause pollution? Yes No
 If Yes, please describe.

INCIDENTAL MALPRACTICE LIABILITY

21. Does applicant operate a hospital, a clinic or first aid facility? Yes No
 If Yes, please specify the following:

	Full Time	Part Time
Number of doctors		
Number of nurses		

22. Is individual liability of employed doctors and nurses covered by insurance?

- Yes No

If Yes, what are the limits of insurance provided?

CONTRACTUAL LIABILITY

- Yes No

If Yes, attach wording of such contract or written agreements.

PRODUCTS LIABILITY AND SERVICES

23. List by category all services and/or products manufactured, sold, handled or distributed by the Applicant for the past 5 years:

Projected	Last year	2 years ago	3 years ago	4 years ago

24. Specify the percentage of annual sales:

In Canada	
In United States	
Rest of world	

25. Give the name and industries of the three largest customers:

Name	Industries

26. Who performs the installation/maintenance of the applicant’s product(s)?

- Applicant
 Customer
 Third Party hired by:
 Customer:
 Applicant:

(If more than one method used, please explain.)

If Applicant performs these services, state pertinent payroll.

27. Give details of operations away from applicant's:

28. Describe products whose manufacturing has ceased:

Give reason for discontinuing production and year:

Specify annual sales:

Does applicant retain the liability for any products or operations which they no longer control? Yes No

If Yes, please explain.

Have any products been acquired by merger or acquisition? Yes No

If Yes, explain.

Did the applicant assume liability for these products?

29. Does applicant have operations outside Canada? Yes No

If Yes, in which country and what is the corresponding amount?

30. Has the applicant included brochures or other relevant documentation concerning the products? Yes No

31. Are there any products or activities related to nuclear energy or defense?

Yes No

32. Do any products or activities imply usage of radio-isotopes or radioactivity?

Oui / Yes Non / No

33. Will any new products be introduced in the next 12 months? Yes No

If Yes, explain:

34. Have any of your products ever been the subject of a recall or retrofit? Yes No
If Yes, attach details and state percentage of product retrofitted or recovered.
35. Have you been informed of the possibility of a recall of your products? Yes No
If Yes, attach details.
36. Describe your product recall plan.
37. Describe your quality control program.
38. Describe your procedures for handling customer complaints.
39. Have any of your products ever been subject to inquiry or investigation relative to product safety by a governmental authority? Yes No
If Yes, attach details.
40. Have any of your products been banned or declared unsafe by any governmental authority? Yes No
If Yes, attach details.
41. Can your products be identified from the products of your competitors? Yes No
If Yes, attach details.
42. Do you require certificates of insurance from your suppliers? Yes No
If Yes, indicate minimum limit acceptable.
43. Do you provide insurance to your distributors? Yes No
If Yes, explain.
44. Are your products designed, tested, labeled and manufactured to meet or exceed all industry or government standards? Yes No
If Yes, specify which standards.

45. State which standards or approval agencies are used.

46. Are any of your products intended for use on or in connection with:

Aircraft or missiles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Watercraft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Offshore operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OTHER EXPOSURES

47. Is the applicant subject to the following risks? Yes No

48. Work sublet to sub-contractors or independent contractors? Yes No
 If Yes, please specify type of work.

If Yes, please specify annual costs:

49. Railroad operation: Yes No

Fully describe any railway network owned, used or operated by the Insured:

50. Advertising? Yes No

If Yes, please give a description:

If Yes, please give estimated annual advertising expenditure.

Is Advertising Agency used? Yes No

EMPLOYER'S LIABILITY

51. Is Workmen's Compensation Insurance available in all provinces in which the Applicant conducts business? Yes No

If Yes, does Applicant take advantage of it? Yes No

If No, specify provinces and payroll:

AUTOMOBILE

52. Number of vehicles, owned or leased, by licensed territory:

	Canada	USA	Rest of World
Private			
Light Trucks			
Heavy Trucks			
Motorized Equipment			
Trailers			
Buses			
Others			

53. Are vehicles licensed in United States? Yes No
If Yes, which states?

54. Are vehicles licensed Ontario? Yes No
If Yes, provide Registrant Identification Number (R.I.N.):

55. Are vehicles utilized for long haul? Yes No
If Yes, specify what is transported:
 Products of the Insured
 Products of others
 Both

Are vehicles utilized in the transportation of flammable, caustic or explosive substances?
 Yes No

56. Describe any non-owned automobile exposure:

57. Number of employees using their car for company business?

PREVIOUS LOSS EXPERIENCE

58. List all liability claims within the last five (5) years, whether settled or not (if none please state, i.e. No Claims, "N/A" is not acceptable.)

Description of incident	Date	Indemnity Paid or Reserved	Expenses Paid or Reserved

59. Are you aware of any fact, circumstance, condition or situation that can lead to, cause or result in expenses in order to avoid, minimize or mitigate actual or potential liability?

Yes No

If Yes, attach details.

COVERAGES REQUIREMENTS

Commercial General Liability

Limit of Insurance

Per occurrence	
Products/completed operations aggregate	
General aggregate	

Umbrella

Limit of Insurance

Each occurrence & aggregate where applicable	
--	--

Deductible	
------------	--

Per Occurrence, ou Per claimant

On Occurrence Basis: Yes No

On Claims Made Basis: Yes No

Worldwide Coverage: Yes No

Employee Benefits Administration: Yes No

Limit Per Claim:	
Aggregate Limit:	
Deductible Per Claim:	

Contractor's Protective Liability: Yes No
 Blanket Contractual Liability: Yes No
 Products and Completed Operations: Yes No
 Contingent Employer's Liability: Yes No
 Voluntary Medical Payments: Yes No

Per person:	
--------------------	--

Employees as Named Insureds: Yes No
 Tenant's Legal Liability - Broad Form: Yes No

Limit per Location:	
----------------------------	--

Personal injury: Yes No
 Cross Liability: Yes No

Elevator Collision: Yes No

Limit	
--------------	--

Broad Form Property Damage: Yes No
 Forest Fire Fighting Expenses: Yes No

Limit	
--------------	--

Non-Owned Automobile Liability: Yes No
 QEF 94 / SEF 94 - Damage to leased vehicles: Yes No

Limit	
--------------	--

Deductible	
-------------------	--

QEF 99 / SEF 99 - Excluding Long Term Leased Vehicle: Yes No

Endorsement Yes No
 Non-Owned Watercraft: Yes No
 Non-Owned Aircraft: Yes No
 Incidental Malpractice Liability: Yes No
 Pollution Liability: Yes No
 Advertising Liability: Yes No
 Independent Vendors as Additional Insureds: Yes No
 Voluntary Workers as Additional Insureds: Yes No
 Sixty (60) days Cancellation Clause: Yes No
 Other Special Endorsements (Specify): Yes No

SCHEDULE OF PRIMARY POLICIES

Coverage	Carrier	Policy Term	Limit	Premium
General Liability:				
Owned Automobile:				
Professional :				
/ Non-Owned Auto:				
Others (Ex: aviation, marine) :				

Do these policies insure all corporations and subsidiaries listed in Item 1? Yes No
 If No, explain.

The First Named Insured on behalf of all proposed Insured(s) warrants it has the authority to so act and that upon its inquiry all statements herein are true and correct to the best of its knowledge and that no material facts have been suppressed or misstated.

Signature: _____

Date: _____

Please send the completed, signed and dated application to underwriting@revau.com