

COMMERCIAL GENERAL LIABILITY APPLICATION/ SURVEY

Broker:

Name of Insured:

Address of Insured:

Principals:

No. Of Years in Business:

Licensed as: (applicable to contractors)

Description of Operations:

If new Company/ Operation- Describe work experience of the principals:

Estimate Payroll: Note: If "Off Premises" operations are applicable, give amount and description:

Percentage of construction work which is: a) Residential: % b) Commercial: % c) Industrial: %

 Work sublet? Yes No If yes: Amount \$ Description:

 Are subs insured? Yes No If yes, what limit is requested? Cert. of insured obtained? Yes No

Estimated annual sales or receipts: \$

If more than one operation/ product give \$ or % breakdown per category:

 Are there any 'Off premises' welding or cutting operations? Yes No If yes, give (\$ or %):

 Sales to U.S.A? Yes No If yes, Amount \$

Description:

Area: sq ft # of suites: # of elevators: Pool? Sauna?

Other hazards:

 Is there any Third Party Fire Property Damage exposure with respect to insured premises (ie: Adjacent Buildings, etc.) Yes No

If yes, Describe:

Previous Insurer:

Policy #:

Deductible:

Claims experience: Describe all liability losses, paid or reserved over the past 3 years:

 Coverage: Bound Not Bound Effective Date: Limit Required? Deductible?

Frills required:

 Has any Insurer cancelled, declined or refused to renew or issue insurance of the type applied for? Yes No

If yes, give reason: