

COMMERCIAL LIABILITY INSURANCE APPLICATION

All questions must be answered. The applicant must accept the insurer's quotation before coverage can be effected.

GENERAL INFORMATION				
Name of applicant/insured:	Insured's website:			
Address of applicant/insured:				
City:	Province:	Postal code:		
Key contact person:	Phone:	Email:		
Applicant/Insured is:	Association Partnership	Corporation Other (s	pecify)	
In existence since:	_			
Names of all Directors/Principals	Years of experience	Names of all Directors/Princip	oals Yea	rs of experience
General description of operations				
Any subsidiaries? Yes N Are these subsidiaries to be insure BUSINESS PROPERTY				
Describe all premises owned, rented of	or used by the applicant/insured.			
Address	Occupancy by insured / by others Area	Sprinklered Yes / No	Owner or Tenant	Building construction
Are any elevators owned or control	olled by the applicant/insured?	○Yes ○No		
If yes, specify type, use, capacity	and location:			
Does the applicant/insured own or	control the land?	○Yes ○No		
If yes, specify location, area and u	ise:			
Does the applicant/insured own or			oplicant /insured lease	
If yes, specify location, area and u	ise:			



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BUSINESS OPERATIONS			
List and describe operations of applicant	Total employee payroll	Number of employees	Total receipts
Does the application/insured sign contracts relieving sup	opliers from all liability? Yes No	0	
f yes, describe and attach copies of all contracts: :			
Does the applicant/insured utilize sub-contractors?	Yes No If yes, indicate type a	and cost of suble	et work:
Туре:	Cost:		
Type:	Cost:		
Type:	Cost:		
Amount of insurance required: Does the application/insured lease or rent to others? Annual receipts:	oility insurance from the subcontractors?		No Without operator
Does the application/insured lease or rent to others? Annual receipts:			
Does the application/insured lease or rent to others? Annual receipts: Type of equipment leased or rented to others:			
Coes the application/insured lease or rent to others? Annual receipts: Type of equipment leased or rented to others: Total annual remuneration of drivers:	○ Yes ○ No If yes: ○ With		
Coes the application/insured lease or rent to others? Annual receipts: Type of equipment leased or rented to others: Total annual remuneration of drivers: FOREIGN SALES - ACQUISITIONS	Yes No If yes: With		
Coes the application/insured lease or rent to others? Annual receipts: Type of equipment leased or rented to others: Total annual remuneration of drivers: FOREIGN SALES - ACQUISITIONS Indicate the total sales for each class of products manufacture.	Yes No If yes: With		
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FOREIGN SALES - ACQUISITIONS				
Does the applicant/insured deliver, install or service their pro		○ Yes	○ No	
Does the applicant/insured import any raw materials from ot If yes, state type of material, country of origin and name of supplier:		○ Yes	○ No	
			0.11	
Has the applicant/insured acquired other companies within t If yes, are there still products on the market for which they n If yes, provide details:	nust honour a guarantee?	○ Yes ○ Yes	_	
OTHER ACTIVITIES				
Number of builder's risk usually undertaken simultaneously: Number of foreman:				
Does the applicant/insured employ any professionals? If yes, specify:		○ Yes	○ No	
State the major contracts during the last three (3) years				
Check all of the following operations performed by the applicant/ins	ured. Provide details for all item	is checked.		
☐ Roofing	Details			
☐ Demolition work				
 ☐ Underpinning				
☐ Pile driving				
Perform any operations in harbours, airports or mines				
Check all of the following used by the applicant/insured. Provide de	tails for all items checked.			
☐ Explosives				
☐ Nuclear energy				
Laser beams				



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OTHER ACTIVITIES	
Does the applicant/insured perform any welding operations away from their premises? If yes, provide details:	○Yes ○No
Does the applicant/insured provide lawn treatment services?	○Yes ○No
Does the applicant/insured use or handle chemical products during their operations? If yes, specify type and quantity:	○Yes ○No
Has the applicant/insured discontinued the manufacture or sale of any product line due to a known or suspected defect in the product?	○Yes ○No
If yes, provide details:	
How are products labelled? ULC CSA ISO	Other
Is there quality control? Yes No If yes, provide details:	
HISTORY OF APPLICANT / INSURER New client for the Broker? Yes No	
Current insurer:	
Policy number: Expiry date:	
Has any insurer cancelled or refused insurance to the applicant/insurer? If yes, provide details:	○ Yes ○ No
Has the applicant/insured suffered any losses or notified their insurer of any possible claims within the past five (5) years?	○Yes ○No
If yes, provide details:	
Is the applicant/insured aware of any facts or circumstances that may give rise to any future loss?	○Yes ○No
If yes, provide details:	



FH COMMERCIAL LIABILITY INSURANCE APPLICATION

HISTORY OF APPLICANT / INSURER		
Amount of insurance:		
Property damage deductible:	C Each occurence	C Each claimant
Check all of the following items that apply Products - completed opeations Tenants' legal liability Amount of insurance each loc	eation:	
☐ Medical expenses Amount for any one person:		
☐ Flevator collision		
Employee benefits programs liability Amount each	claim	Per policy term
Other Provide details:		
☐ Please check here if you would like a quote for Pren	nium Financing.	
I declare that all the information stated in this application is	true.	
Name and Title:		
Applicant's signature	Da	ate:
Broker's signature	Da	ate:

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