

i3 GENERAL LIABILITY APPLICATION

GENERAL INFORMATION

Name of Applicant(s) (include all subsidiaries): _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Email: _____

Website: _____

COMPANY DETAILS

1. Date Company was Established (MM/YY): _____

2. Company Structure: Sole Proprietor Corporation Partnership Joint Venture Other

OPERATIONS OF COMPANY:

3. Description of Operations:

4. Number of Years Experience: _____

5. Total Estimated Gross Revenues: \$ _____

6. Breakdown of Total Revenue by Operation:

OPERATION	ACTUAL GROSS REVENUE (PRIOR 12 MONTHS)	ESTIMATED GROSS REVENUE (UPCOMING 12 MONTHS)	CANADA %	USA %	FOREIGN %	SUBCONTRACTED %
TOTAL						

7. If you subcontract work, do you require your subcontractors to carry liability coverage? Yes No

a. If yes, what limit do you require? _____

8. Are certificates of insurance required? Yes No

9. Does the Applicant assume any contractual liability by verbal or written agreement? Yes No

a. Please explain and attach copies if applicable: _____

STAFFING AND PAYROLL

10. Please advise on the following:

	CANADA	USA	FOREIGN
ANNUAL PAYROLL			
FULL-TIME STAFF			
PART-TIME STAFF			

11. Is government workers compensation insurance available in all provinces where the Applicant conducts business? Yes No

a. If so, has coverage been purchased for ALL employees? Yes No

12. Are any employees exempt with other primary coverage in place? Yes No

a. If so, please provide details: _____

LOCATION INFORMATION

13. Location Address: _____

14. Occupancy: _____

15. Construction Information: _____

16. Nearby Exposures: _____

17. Percent Occupied by the Applicant: _____

18. Other locations:

ADDRESS	SIZE (SQFT)	DESCRIPTION	OPERATIONS

WATERCRAFT/AIRCRAFT

19. Do you own or rent any Watercraft? Yes No

a. If so, please provide details:

DESCRIPTION	LENGTH	HP	RENTED OR OWNED	IF RENTED, DAYS PER YEAR	USE

20. Do you own or rent any Aircraft? Yes No

a. If so, please provide details:

DESCRIPTION	LENGTH	HP	RENTED OR OWNED	IF RENTED, DAYS PER YEAR	USE

NON-OWNED AUTOMOBILES

21. Do employees use their own automobiles for business use? Yes No

a. If so, please provide the number of employees doing: _____

22. Are common carriers used? Yes No

a. If so, are certificates of insurance obtained or confirmed? Yes No

23. Annual number of rental days of non-owned automobiles: _____

EXCESS AUTOMOBILE LIABILITY (IF REQUIRED)

24. Limit Required: \$ _____

25. What is the underlying coverage limit? \$ _____

26. Who is the underlying carrier? _____

27. How many automobiles with GVW under 10 tons? _____

28. How many automobiles with GVW over 10 tons? _____

29. Please provide the annual mileage breakdown:

Canadian: _____%

USA: _____%

Foreign: _____%

INSURANCE HISTORY & REQUIREMENTS

Please provide details for your **current** Commercial General Liability insurance policy:

EFFECTIVE DATE	LIMIT	DEDUCTIBLE	TARGET PREMIUM	INSURER

Please provide details for your **required** Commercial General Liability insurance policy:

EFFECTIVE DATE	LIMIT	DEDUCTIBLE	TARGET PREMIUM	INSURER

CLAIMS HISTORY:

Regarding all of the types of insurance to which this application form relates, AFTER ENQUIRY:

- a) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 (five) years, or
- b) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c) Have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- d) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c and d above: Yes No

If the answer to the above is 'Yes', then please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and/or by Insurers, and the dates of all developments and payments.

Additional Notes:

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 effected thereon.

I / we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Applicant's Signature: _____

Print Name: _____ Date: _____