



**COMPLETION OF THIS FORM INDICATES YOUR CONSENT FOR PROCESSING YOUR PERSONAL INFORMATION. PLEASE REFER TO PAGE 5 FOR DETAILS ON OUR PRIVACY POLICY.**

## COMMERCIAL GENERAL LIABILITY APPLICATION

**Please read and complete the application in its entirety. Blanks &/or dashes are not acceptable and will delay consideration of this application. Answer all questions, if the question does not apply, indicate "N/A" in the space provided.**

Agency/Broker \_\_\_\_\_ Producer \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other Specify \_\_\_\_\_

1. a. Name of Insured \_\_\_\_\_
- b. Names of Principals \_\_\_\_\_
- c. Subsidiaries, Partners and Joint Ventures \_\_\_\_\_

2. Postal address of Applicant \_\_\_\_\_

3. a. Number of years in Business \_\_\_\_\_
- b. Years of Experience \_\_\_\_\_
- c. If new operation / company, describe work experience of the principals \_\_\_\_\_

4. Number of Employees \_\_\_\_\_

5. Are all employees covered by Worker's Compensation?  Yes  No

If no, provide details split between different types of occupation / number of employees / payroll

6. Description of Insured's Operations

a.	Operations	Actual Receipts Past 12 Months	Estimated Annual Next 12 Months	Estimated Payroll Next 12 Months

b. Percentage split of      On premises \_\_\_\_\_%      Off premises \_\_\_\_\_%

c. Do any of the described operations involve the use or application of heat?  Yes  No

If Yes, Describe: \_\_\_\_\_

d. Area of operation \_\_\_\_\_

e. Does Insured have any U. S. or other foreign sales or operations?  Yes  No

If yes, please supply:

Sales to	Gross Receipts	Description of Work/Product

f. Do you anticipate entering into other operations during the term?  Yes  No

If yes, please explain \_\_\_\_\_

7. Does the Applicant engage in any of the following operations

- |   |  |
|---|--|
| <input type="checkbox"/> Demolition or wrecking       | <input type="checkbox"/> Tunneling/ Mine work  |
| <input type="checkbox"/> Shoring                      | <input type="checkbox"/> Welding or cutting * (see 8 b.)                                 |
| <input type="checkbox"/> Underpinning                 | <input type="checkbox"/> Pile driving  |
| <input type="checkbox"/> Caisson                      | <input type="checkbox"/> Roofing - <u>Complete Supplemental Questionnaire</u>            |
| <input type="checkbox"/> Excavation                   | <input type="checkbox"/> Cranes, use of  |
| <input type="checkbox"/> Use of explosives / blasting | <input type="checkbox"/> Raising or moving   |
| <input type="checkbox"/> Work in airports, marinas    | <input type="checkbox"/> Snow & ice removal - <u>Complete Supplemental Questionnaire</u> |
| <input type="checkbox"/> Other _____                  |  |

8. a. Work Sublet?  Yes  No If "yes", estimated receipts \$ \_\_\_\_\_

If yes, describe: \_\_\_\_\_

b. If Welding or cutting operations are declared above, please provide percentage split of:

On Premises \_\_\_\_\_ % Off Premises \_\_\_\_\_ %

c. Are sub-contractors required to carry liability insurance?  Yes  No

d. Are sub-contractors required to submit liability certificates?  Yes  No

e. Is a formal contractual agreement entered into with sub-contractors?  Yes  No

f. Is any work covered under Wrap?  Yes  No

Estimated Receipts \$ \_\_\_\_\_

If the answer to e) is Yes, is a hold harmless in your favour?

Submit a copy of the usual contract form, if possible.

Yes  No

9. a. List locations and occupancies

Address	Owned or Rented?	Total Square Footage	Sq. Ft. occupied by applicant	Replacement Cost of Property?

b. Is Tenants Legal Liability required?  Yes  No

If Yes, state limits required:

\$ \_\_\_\_\_

10. a. Provide details of unlicensed automobiles or specially licensed automobiles for which compulsory automobile insurance does not apply?  
\_\_\_\_\_

b. Is there an automobile policy covering these vehicles?  Yes  No

11. a. How many employees regularly drive their own vehicles on company business?  
\_\_\_\_\_

b. What is the cost of hired automobiles? \_\_\_\_\_

12. a. Does the Applicant do any work on airport premises?  Yes  No

b. Is there any aircraft exposure by way of ownership, maintenance, use or operation of any aircraft by or on Behalf of the Applicant?  Yes  No

If yes, please describe \_\_\_\_\_

13. Is there any owned or non-owned watercraft exposure or ownership, maintenance, use or operation of any watercraft by or on behalf of the Applicant?  Yes  No

If yes, please describe \_\_\_\_\_

14. a. Are there any Architects, Engineers, Doctors or similar professionals on staff?  Yes  No

If yes, please describe \_\_\_\_\_

b. Do these professionals have separate liability policies?  Yes  No

15. Are there any known contractual obligations where the Applicant has to provide insurance on behalf of another or hold another harmless?  Yes  No

If yes, please list all lease agreements, railway siding agreements, etc. and provide copies of these agreements  
\_\_\_\_\_

16. Are there any additional Insureds to be added to the policy?  Yes  No

If yes, list and state name and purpose

Name of Additional Insured	Additional Insured in respect to?

17. Are there any losses in the last five years?  Yes  No

If yes, provide details of the losses. Show all amounts "net" of deductible:

Date of Loss	Cause of Loss	Amount Paid	Amount Outstanding

18. a. Provide details of all liability insurance currently carried:

Name of Insurer	Policy Limit	Deductible	Period	Premium

b. Has any Insurer cancelled insurance on any risk to be insured or refused to renew?  Yes  No

19. Coverage Limit of Insurance required? \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

20. Is an Umbrella or Excess Policy required?  Yes  No

If an Excess policy is required, please state the total limits required \$ \_\_\_\_\_

If an Umbrella policy is required, please complete an Umbrella application

**NOTICE CONCERNING PERSONAL INFORMATION**

By soliciting insurance from South Western Insurance Group Limited, you agree and provide consent that your personal information, including that previously collected, will be collected, processed, used, communicated, transferred and retained for the following purposes:

- the communication with underwriters;
- the evaluation of claims;
- the analysis of business results;
- In accordance with SWG's privacy policy available at the bottom of this application and as per our website: [www.swgins.com/page/privacy.html](http://www.swgins.com/page/privacy.html)
- the underwriting of policies;
- the detection and prevention of fraud;
- purposes required or authorized by law;

You can exercise your right to access your personal information in our possession, to have it rectified or to withdraw your consent by contacting us at PrivacyOfficer@swgins.com. Should you exercise your right to withdraw your consent to the communication or use of the information collected required to provide certain products or services, this would prevent South Western Insurance Group from being able to provide such products or services. Further information about South Western Insurance Group Limited personal information protection policy may be obtained by contacting our privacy officer at 416-620-6604.

**WARRANTY STATEMENT**

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. In the event that there is any material change in the answers given to the questions contained in this application prior to the inception of the policy, the applicant must notify the underwriters in writing and the underwriters may revoke, or effect changes to, the quotation provided. Signing of the proposal does not bind the undersigned to complete the insurance but it is agreed that this form, and any additional information/document provided in support thereof by the client and/or broker, shall be the basis of the contract should a policy be issued.

**NEW BRUNSWICK RESIDENTS ONLY:**

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

**SIGNATURE**

Signature:		Date (mm/dd/yyyy):	
	(Authorized Representative)		
Name (please print):		Title/Position:	



## Privacy Policy

South Western Insurance Group Limited is committed to protecting the privacy and the confidentiality of our brokers and their Insured's personal information. In order to comply with privacy legislation, we have developed this Privacy Policy. Any personally identifiable information about an Insured is considered personal information and will be treated in accordance with this Privacy Policy.

### IDENTIFIED PURPOSES

South Western Group only collects, uses and discloses Personal Information for the following purposes:

- Offering and providing insurance and related products and services;
- Verifying the identity and the accuracy of personal information with government agencies, industry associations, or other Insurers;
- Analyzing, assessing and underwriting risks on a prudent basis;
- Investigating and paying claims;
- Detecting and preventing fraud or other illegal activities;
- Compiling statistics;
- Complying with the laws or the requests of law enforcement agencies or regulators.

In this Privacy Policy, the above list of Identified Purposes will be referred to as the 'Identified Purposes'.

### THIRD PARTY DISCLOSURE

South Western Insurance Group may share information about you with third party companies, permitted by law. Such disclosures may include those that South Western feels are required to provide customer service, prevent fraud, perform research or comply with the law. Recipients may include South Western's family of insurance service companies, claims representatives, service providers, consumer reporting agencies, insurance agents and brokers, law enforcement, courts and government agencies. These parties may disclose the information to others as permitted by law.

### PRIVILEGE & CONFIDENTIALITY NOTICE – Electronic Messages

Electronic mail or faxes and any files transmitted with them are confidential and may be privileged and are intended solely for the use of the individual or entity to whom they are addressed. If you have received this e-mail in error, please notify the sender immediately.

### CONSENT

South Western Group relies on the following actions by our Brokers and Companies as indication of their consent from an Insured to our existing and future Personal Information practices:

- The Broker has voluntarily requested personal information from an Insured for the purpose of acquiring an insurance contract or related service or product;
- The Broker has the Insured's express consent or acknowledgement contained within a written, verbal or electronic application process;
- The Insured's consent solicited by our Companies or our Brokers is for a specified purpose;
- The Broker must provide the Insured with a copy of their privacy policy and must inform South Western Group of any withdrawal of this consent by an Insured;

- The Broker may obtain the Insured's consent through the Insured's authorized representative such as a legal guardian, agent or holder of a power of attorney.

If an Insured refuses to provide the Broker with certain Personal Information or withdraws their consent South Western Group may be unable to provide insurance coverage.

#### LIMITING COLLECTION AND RETENTION OF PERSONAL INFORMATION

South Western Insurance Group will only collect, use or disclose personal information that is necessary for the Identified Purposes or as required by law. We will retain personal information only as long as necessary for the fulfillment of the Identified Purposes. South Western may store certain data in jurisdictions outside of Canada and may share information with third party companies that are located outside of Canada.

#### ACCURACY

South Western Group requests our brokers to maintain the Insured's Personal Information as accurate, complete, and up-to-date as is necessary for the Identified Purposes.

#### SAFEGUARDS

South Western Group will protect the Insured's Personal Information by security safeguards appropriate to the sensitivity of the information. Safeguards will vary depending on the sensitivity, format, location and storage of the Personal Information.

#### ACCOUNTABILITY, OPENNESS AND ACCESS

South Western Group is responsible for all Personal Information under its control and has designated a Privacy Officer who is accountable to Senior Management for South Western's compliance with the Privacy Policy.

You may contact our Privacy Officer at [PrivacyOfficer@swgins.com](mailto:PrivacyOfficer@swgins.com).

#### CHALLENGING COMPLIANCE

If any Broker is not satisfied with South Western's response to a privacy related inquiry or complaint, they may contact the Office of the Privacy Commissioner of Canada during business hours at [1-800-282-1376](tel:1-800-282-1376) or at [www.privcom.gc.ca](http://www.privcom.gc.ca).

**Please refer to the updated comprehensive version of privacy policy on our website:**  
[www.swgins.com/page/privacy.html](http://www.swgins.com/page/privacy.html)