



**BUSINESS OFFICE PACKAGE INSURANCE APPLICATION**  
**Business Premises and Operations**  
**(applicable to Property and Liability Insurance)**

Trisura Guarantee Insurance Company offers this BUSINESS OFFICE PACKAGE INSURANCE **only** to applicants who also have Corporate Risk Insurance placed through Trisura. All questions must be answered completely. If there is no answer, write "none" or "n/a" in the space provided. Where space provided is insufficient to fully answer, please use and attach separate sheet(s).

**General Information**

1. (a) Name of Applicant: \_\_\_\_\_  
(Include full name of all entities to be included as Named Insureds starting with First Designated Named Insured)
- (b) Principal Address: \_\_\_\_\_  
 \_\_\_\_\_
- (c) Applicant is:     Sole Proprietor     Corporation     Partnership     Other: \_\_\_\_\_
2. (a) Other Insurance with Trisura: \_\_\_\_\_
- (b) Current Office Package:     No Insurance     Liability Insurance Only     Property/Liability Insurance  
 Insurer: \_\_\_\_\_    Expiry Date: \_\_\_\_\_
3. Coverage and Limits of Insurance Requested:

Coverage	Limits	Coverage	Limits
Building	\$	Professional Fees	\$
Tenant's Improvements	\$	Extra Expense	\$
Equipment	\$	3D Crime Coverage	\$
Stock	\$	Other (specify)	\$
Office Contents excluding EDP	\$		
Computer (EDP) Hardware	\$	General Liability / Each Occurrence	\$
EDP Software/Media	\$	Tenants' Legal Liability	\$
Laptops and Portable A/V equip.	\$	Advertising Injury/Personal Injury	\$
Rental Income	\$	Non-owned Automobile	\$
Business Interruption – Profits	\$	Other CGL Extensions (specify)	

**Business Activities**

4. List affiliates, subsidiaries or related companies in which the Applicant has an interest, including name, location, description of operations of each, and the type and percentage of Applicant's interest for each entity:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Describe any present and prior association, partnership or joint venture with other firms (include name of entities, date of commencement and cessation, and nature of such agreement):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. List all locations of operations, providing details indicated below as well as level of protection (for additional locations, attached a separate sheet):

Address	Rent or Own	Total Area (sq ft)	Age	No. of Stories	*Construction Type	Protection
1.						
2.						
3.						

\*For Construction Type: Brick (masonry), Frame Construction, etc.

\*\*For Protection Type: Fully Protected (FP), Semi-Protected (SP), Non-Protected (NP)

Fully Protected: Fire hydrant within 300 metres

Semi-Protected: Fire hall within 8 kilometres

Non-Protected: No fire hydrants

**Complete Questions 7 and 8 only if Property Coverage is being requested.**

7. If a building is over 25 years old, please state if the following items have been renovated:

	Item	Electric Wiring	Plumbing	Heating/AC	Roof	Elevators	Other (specify)
<b>Location 1</b>	Yes/No						
	Year						
<b>Location 2</b>	Yes/No						
	Year						
<b>Location 3</b>	Yes/No						
	Year						

8. Describe the fire and safety protection at each location:

Description	Fire Extinguishers	Smoke Detectors	Well Lit Exits	Local Fire Alarm	Central Station	Fully/partially Sprinklered
<b>Location 1</b>						
Yes/No						
Number						
<b>Location 2</b>						
Yes/No						
Number						
<b>Location 3</b>						
Yes/No						
Number						

**COMMERCIAL GENERAL LIABILITY – OPERATIONS**

**Products and Services**

9. (a) Describe in detail the operations of the Applicant:

	Description	% of Revenues
Services		
Products manufacturing by applicant		
Sales of products manufactured by others		
Other services/operations (e.g., rental income, etc.):		

(b) If the Applicant retails or wholesales any products, provide details including description of products, name and country of suppliers, and gross revenues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) If the Applicant imports or distributes any products, provide details including description of products, name and country of suppliers, and gross revenues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) If the Applicant does retail, wholesale, import or distribute any product, does the Applicant have agreements in place with the dealer, manufacturer or distributor which contain a hold harmless clause in the Applicants favour? Yes  No

(i) Do said agreements require the dealer, manufacturer or distributor to carry CGL Insurance? Yes  No

(ii) Do said agreements require the CGL policy to add the Applicant as an Additional Insured? Yes  No

10. Does the Applicant ever install, service, demonstrate products or provide maintenance service? Yes  No   
If Yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

11. Does the Applicant plan on any new products or services in the next 12 months? Yes  No   
If Yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

12. Does the Applicant design any products for others? Yes  No   
If Yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

13. Has the Applicant ever recalled any products? Yes  No   
If Yes, provide details of what and when: \_\_\_\_\_  
\_\_\_\_\_

14. Are all employees covered by applicable Worker's Compensation Insurance? Yes  No   
If No, indicate the number, location, and function of any employees not covered under a Workers' Compensation Insurance Program (provincial, federal or other):  
\_\_\_\_\_  
\_\_\_\_\_

15. Indicate the total number of employees: \_\_\_\_\_ Total Payroll: \$ \_\_\_\_\_

16. Does the Applicant have any operations conducted in the U.S.A.? Yes  No   
If Yes, provide details including type of premises, address, operations, revenue and number of employees domiciled in the U.S.A.: \_\_\_\_\_  
\_\_\_\_\_

17. Provide details of off premises operations and activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. Does Applicant rent premises to others? Yes  No   
 If Yes, provide details including type of premises, address and rental income: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Gross Revenue**

19. Provide total gross revenues for the applicable fiscal year (State if foreign currency is shown):

Fiscal Year Month ____ Day ____	Canada	U.S.A.	Foreign	Total Gross Revenues
Prior Year (actual)	\$	\$	\$	\$
Current Year	\$	\$	\$	\$
Estimated Next Year	\$	\$	\$	\$

**Independent Contractors**

20. (a) Does the Applicant use the service of sub-contractors for any services or products? Yes  No   
 If Yes, describe (include estimated annual cost): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(b) Does the Applicant use written agreements with these sub-contractors? Yes  No   
 If Yes, do these agreements contain hold harmless clauses in the Applicants favour? Yes  No   
 (c) Does the Applicant require proof of E&O and CGL insurance from every subcontractor? Yes  No   
 (d) Is the Applicant added as an Additional Insured to the subcontractor's CGL policy? Yes  No

21. Describe any contracts or agreements where liability is assumed by the Applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Tenants Legal Liability**

22. List all rented premises to be insured:

Location(s)	Requested Amount(s) of Insurance
	\$
	\$
	\$
	\$

**Watercraft and Aircraft Liability**

23. (a) Does the Applicant own or lease any watercraft? Yes  No   
 If Yes, provide details (including Insurance details if any): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- (b) Does the Applicant own or lease any aircraft? Yes  No   
 If Yes, provide details (including Insurance details if any): \_\_\_\_\_  
 \_\_\_\_\_

**Non-owned Automobile Liability**

24. (a) Provide number of employees using their own vehicles for company business (occasional or full-time use):  
 Full-time: \_\_\_\_\_ Occasional: \_\_\_\_\_  
 (b) How many vehicles are hired or borrowed each year on a short-term basis and for what purpose?  
 Canada: \_\_\_\_\_ U.S.A.: \_\_\_\_\_  
 (c) Are any non-owned vehicles used for company business in the U.S.A.? Yes  No   
 If Yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_

**Advertising Activities**

25. (a) Annual advertising expenditures, including website operating budget: \$ \_\_\_\_\_  
 (b) Are services of an advertising agency used? Yes  No   
 If Yes, is Proof of Insurance provided? Yes  No   
 (c) Does the Applicant participate in any trade shows, exhibits, conventions: Yes  No   
 If Yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_

**Liability Insurance History**

26. Has any insurance been refused or cancelled in the past five years? Yes  No   
 If Yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 27. In the past five years, has the Applicant had any claim (include closed and open claims and incidents)? Yes  No   
 If Yes, please provide the following details on a separate sheet:  
 (a) Date of Claim  
 (b) Claimant's Name  
 (c) Nature of Claim  
 (d) Amount of Damages / Defence Costs incurred by or on behalf of the Applicant in respect thereof  
 (e) Current Status of Claim

It is understood and agree that this Application is provided in conjunction with an application form for other Corporate Risk Insurance placed through Trisura Guarantee Insurance Company. It is subject to the same provisions concerning representations as made in the other Application for Insurance.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

Applicant	Date
Signature	Title