



BUSINESS OFFICE PACKAGE INSURANCE APPLICATION
Business Premises and Operations – for use with Professional Liability, Technology & Multimedia
(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 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 5 and 6 only if Property Coverage is being requested.

5. 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)
Location 1	Yes/No						
	Year						
Location 2	Yes/No						
	Year						
Location 3	Yes/No						
	Year						

6. 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
Location 1						
Yes/No						
Number						
Location 2						
Yes/No						
Number						
Location 3						
Yes/No						
Number						

COMMERCIAL GENERAL LIABILITY – OPERATIONS

Products and Services

7. (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 imports, distributes, retails or wholesales any products, provide details including description of products, name and country of suppliers, and gross revenues: _____

(c) 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

8. Does the Applicant ever install, service, demonstrate products or provide maintenance service? Yes No
9. Does the Applicant plan on any new products or services in the next 12 months? Yes No
10. Does the Applicant design any products for others? Yes No
11. Has the Applicant ever recalled any products? Yes No

If yes to any of the above (8 through 11), attach details.

12. 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):

13. Indicate the total number of employees: _____ Total Payroll: \$ _____

14. 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.: _____

15. Provide details of off premises operations and activities: _____

16. Does Applicant rent premises to others? Yes No
- If Yes, provide details including type of premises, address and rental income: _____

Independent Contractors

17. (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

18. Describe any contracts or agreements where liability is assumed by the Applicant: _____

Watercraft and Aircraft Liability

19. (a) Does the Applicant own or lease any watercraft or aircraft? Yes No
- If Yes, provide details of each (including Insurance details if any): _____

Non-owned Automobile Liability

20. (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, borrowed or leased each year on a short-term basis for business purposes?
 Canada: _____ U.S.A.: _____

Advertising Activities

21. (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: _____

Insurance History

22. Has any insurance been refused or cancelled in the past five years? Yes No
 If Yes, provide details: _____
23. 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