



COMMERCIAL GENERAL LIABILITY APPLICATION

All questions must be answered completely. Do not leave any spaces blank, if there is no answer, write "none" or "n/a" in the space provided. Where space provided is insufficient to fully answer, please attach details on a 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) Address: _____

- (c) Applicant is: Sole Proprietor Corporation Partnership Other: _____
- (d) Website: _____
- (e) Number of years in business: _____ (f) ISN Number: _____
- (g) Does the Applicant have any subsidiaries that are more than 50% owned or controlled by the Applicant for which coverage is required? Yes No

If Yes, advise (if more space is required please complete and attach a separate sheet):

Name of Entity	Nature of Operations	Jurisdiction of Incorporation	Years in Business

Current Insurance

2. Provide details of Commercial General Liability Insurance currently held:

Name of Insurer	Limit of Policy	Deductible/Retention	Expiry Date	Premium

3. (a) Coverage and Limits of Insurance Requested:

Coverage	Limits	Coverage	Limits
General Liability / Each Occurrence	\$	Employee Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tenants' Legal Liability	\$	Employers Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advertising Injury/Personal Injury	\$	Other CGL Extensions (specify)	
Non-owned Automobile	\$		

- (b) Deductible: SIR: Deductible or SIR Amount requested: \$ _____

Description of Operations

4. (a) Provide a breakdown of Applicants operations and sales:

Description of Operations	Current Year Annual Sales (\$)	Last Year's Annual Sales (\$)	Projected Next Year Annual Sales (\$)
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

(b) Provide a breakdown of the Applicants operations and sales by territory:

Operations/Sales	Canada	U.S.A.	Foreign
Operations located in:	%	%	%
Sales in:	%	%	%

(c) Provide a breakdown as a percentage of Gross Annual Revenue by industry:

Industry	% of Revenue	Industry	% of Revenue
Contracting	%	Maintenance / Service	%
Wholesale	%	Repair	%
Manufacturing	%	Retail	%
Consulting	%	Liquor	%
Installation	%	Other: _____	%
Sub-Contracted	%		

(d) List all products manufactured, sold, or distributed by the Applicant (within Canada) or the total estimated receipts of completed operations:

Products	Completed-Operations	Revenue Amounts
		\$
		\$
		\$
		\$

(e) Provide the following information for the products listed in d. above (within Canada):

Origins of Materials Used	Origin of Principal Components	Major Clients

(f) List all products manufactured, sold, or distributed by the Applicant (outside Canada) or the total estimated receipts of completed operations:

Products	Completed-Operations	Revenue Amounts
		\$
		\$
		\$

(g) Provide the following information for the products listed in f. above (Outside Canada):

Origins of Materials Used	Origin of Principal Components	Major Clients

(h) Are any of the products labelled: ULC CSA ISO OTHER: _____

(i) Does the Applicant repackage the product in any way? Yes No

If Yes, provide details: _____

(j) Has the Applicant discontinued any product(s) or service(s) offered? Yes No

If Yes, provide details: _____

(k) Does the Applicant provide hold harmless agreements to any suppliers/vendors? Yes No

If Yes, provide details: _____

- (l) Does the Applicant provide any products or services or activities related to nuclear energy, defence or radio-isotopes or radioactivity? Yes No
 If Yes, provide details: _____
- (m) Does the Applicant provide any components for:
- | | | | | | |
|------------------------------|------------------------------|-----------------------------|----------------|------------------------------|-----------------------------|
| (i) Aircraft | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (ii) Mining | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (iii) Automobile | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (iv) Oil & Gas | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (v) Docks or Floats | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (vi) Trains | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (vii) Forestry/Lumber Sector | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
- (n) Does the Applicant handle any pollutants or hazardous material? Yes No
 If Yes, provide details: _____
- (o) Does the Applicant handle, store (off-premises or on-premises) or provide allowances to others to dispose of waste on any premises? Yes No
 If Yes, provide details: _____
- (p) Does the Applicant design any products for others? Yes No
- (q) Does the Applicant use the services of any independent or sub-contractors? Yes No
 If Yes, describe (number/how many of each & percentage of revenue): _____
- (r) Does the Applicant verify sub-contractors carry their own liability insurance & request proof of such insurance? Yes No
- (s) Has the Applicant executed any agreement or contract with subcontractors or independent contractors with a hold harmless agreement with indemnification to them? Yes No
 If Yes, provide copy of the language in the agreement(s): _____
- (t) Does the Applicant assume any liability under contract or in verbal or written agreements? Yes No
 If Yes, please provide copy of the agreement(s).

Premises

5. List full address of all locations owned and leased by the Applicant (attach a separate schedule if necessary):

Loc No.	Address (include Postal Code)	Area (Sq. Ft.)	Owned	Leased	Cons't Type*	Fire Protection**
1.			<input type="checkbox"/>	<input type="checkbox"/>		
2.			<input type="checkbox"/>	<input type="checkbox"/>		
3.			<input type="checkbox"/>	<input type="checkbox"/>		

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

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

6. (a) Total number of employees: Full-time: _____ Part-time: _____
- (b) Are all employees covered by applicable Worker's Compensation Insurance? Yes No
 If No, indicate the number of employees not covered under a Workers' Compensation Insurance Program (provincial, federal or other): _____

(c) Payroll:

Employee Type	Current Year Annual Payroll (\$)	Number of Employees	Anticipated Next Years Annual Payroll (\$)
Management	\$		\$
Administration & Clerical employees	\$		\$
Servicing	\$		\$
Others	\$		\$

7. (a) Does the Applicant have any interest as an owner in any of the following:
- (i) Buildings? Yes No
 If Yes, how many Buildings: _____ square feet: _____ how many elevators (if applicable): _____
- (ii) Lots or Vacant Property? Yes No
 If Yes, specify location (s): _____
 If Yes, specify use of land: _____
 If Yes, describe security measures: _____
- (iii) Any owned or rented Parking facilities? Yes No
 If Yes, provide size: _____m²
- (b) Confirm the following regarding the Applicant's premises:
- (i) Is there a swimming pool on premises? Yes No
- (ii) Does the Applicant sponsor/control any sporting or social events? Yes No
- (iii) Does the Applicant have any railway sidings, railway crossing or right of way? Yes No
- (iv) Does the Applicant have any food sales? Yes No
 If Yes, provide details: _____
- (v) Does the Applicant own, lease or charter watercraft or aircraft? Yes No
 If Yes, specify number of aircraft, watercraft, type of watercraft, length & H.P.: _____
- (vi) Private Roads? Yes No
 If Yes, provide details: _____
- (vii) Mechanical Truck Loading or Unloading Facilities? Yes No
 If Yes, provide details: _____

Automobile

8. (a) Does the Applicant have employees in any capacity using their own vehicles on behalf of the company -- (i.e. pick-up, drop offs, deliveries, meetings, etc.)? Yes No
 If Yes, provide the number of employees using their own vehicles for company business (occasional or full-time use):
 Number of employees: _____ Describe nature of usage: _____
- (b) How often do employees use their own vehicle on behalf of the Applicant: _____ time per month
- (c) Does the Applicant verify that each employee using their own vehicle on behalf of the Applicant carries primary automobile insurance? Yes No
- (i) What are minimum limits of liability and coverage required: _____
- (ii) How often is primary automobile verified: _____

9. (a) List the type and number of vehicles Leased and/or Owned automobiles by the Applicant

Type of Vehicle	Number of Vehicles	Leased, Owned or Rented	Radius of Operation
<input type="checkbox"/> Private Passenger		<input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R	km
<input type="checkbox"/> Light Commercial		<input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R	km
<input type="checkbox"/> Medium Commercial		<input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R	km
<input type="checkbox"/> Heavy Commercial		<input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R	km
Other:		<input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R	km

- (b) How many vehicles are hired, borrowed or leased each year on a short-term basis for business purposes?

In Canada: _____ In the U.S.A.: _____

- (c) Are any vehicles used for long haul within Canada? Yes No
 If Yes, provide details: _____
- (d) Haul Applicants products? Yes No
- (e) Haul products of others? Yes No
- (f) Are any vehicles used in transporting flammable, caustic, explosive or perishable items? Yes No
 If Yes, provide details: _____

Accident Prevention & First Aid

10. Does the Applicant provide any of the following services:
 First Aid Medical/Doctor Services Nursing Other services – please describe: _____

Advertising Liability

11. Advertising Activities:
- (a) Annual advertising expenditures, including website operating budget: \$ _____
- (b) Are services of an advertising agency used? Yes No
 If Yes, is a contract executed? Yes No
- (c) Does the Applicant participate in any trade shows, exhibits, conventions? Yes No
 If Yes, provide details (where, how often, etc.): _____

Claims / Loss Information

12. (a) Has any insurance been refused or cancelled in the past five years? Yes No
- (b) Does the Applicant or any other person proposed for this insurance have knowledge or information of any claim, demand, occurrence, suit, or proceeding which has been made or is pending against any insured proposed for coverage under the proposed insurance? Yes No
- (c) Have there been any suits, claims, occurrences (including allegations) made against the Applicant or any other person proposed for this insurance in the last five years? Yes No

If Yes to any of the above, attach details.

It is understood and agreed that if knowledge of any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Trisura Guarantee Insurance Company.

FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

DECLARATIONS AND SIGNATURE

The undersigned authorized representative of the Applicant:

- (i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected;
- (iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance; and
- (iv) acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection,

use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

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

Applicant	Date
Signature	Title