



**COMMERCIAL GENERAL LIABILITY INSURANCE
APPLICATION – SHORT FORM**

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: _____
 (b) Address: _____
 (c) Applicant is: Sole Proprietor Corporation Partnership Other: _____

2. 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 | \$ | | |

Operations

3. (a) Describe the full nature of the Applicants operations: _____

(b) Does the Applicant: Own a Building Lease Premises Rent a Location Sq. ft.: _____

- (c) (i) Gross Revenue for the last completed Fiscal Year: \$ _____
 (ii) Estimated Gross Revenue for the current Fiscal Year: \$ _____
 (iii) Estimated Gross Revenue for the next Fiscal Year: \$ _____

(d) Total payroll: \$ _____

(e) Total number of employees: Full-time: _____ Part-time: _____

(f) 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): _____

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

4. (a) Does the Applicant import, distribute, manufacture, retail, resell, repackage or wholesale any products? Yes No
 (b) Does the Applicant install, service, demonstrate products or provide maintenance service? Yes No
 (c) Does the Applicant plan on any new products or services in the next 12 months? Yes No
 (d) Does the Applicant have any business, premises / operations in the U.S.A.? Yes No

If Yes to any of the above, provide details (including percentage of revenue and description of products):

Independent Contractors

5. (a) 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): _____

(b) Describe any contracts or agreements where liability is assumed by the Applicant for any independent or sub-contractors: _____

Watercraft and Aircraft Liability / Non-owned Automobile Liability

6. (a) Does the Applicant own or lease any watercraft or aircraft? Yes No
- (b) Number of volunteers, members or employees using their own vehicles for company business (occasional or full-time use): _____
- (c) How many vehicles are hired, borrowed or leased each year on a short-term basis for business purposes?
Canada: _____ United States: _____

Past Activities

7. (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, provide details: _____

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 Name | Date |
| Signature | Title |