

PART 1 GENERAL INFORMATION

Name of Insured (Full Legal Name):

Mailing Address: Postal Code:

Risk Location Address: Postal Code:

Name of Principal(s):

Website Address (if applicable):

Number of Years in Business: Desired Effective Date:

Previous Insurer:

Has any Insurer cancelled, declined, or refused you coverage? If yes, please provide details: [] Yes [] No

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss:

Have there been any incidents not yet reported to the insurer that may result in a claim(s)? If yes, please explain: [] Yes [] No

PART 2 GENERAL LIABILITY UNDERWRITING INFORMATION

Full description of Business Operations:

Area of operation:

Year business established: Experience of the principal / partners:

Total Number of Employees: Full-time Employees: Part-time Employees:

Are all employees covered by Worker's compensation? If no, please explain: [] Yes [] No

Actual sales and/or revenue for the past 12 months: \$

Estimated Annual sales and/or revenue for the next 12 months: \$

Please provide breakdown of total sales/revenue by goods or services for the next 12 months:

TYPE OF GOODS SOLD / NATURE OF SERVICES	SALES / REVENUE
	\$
	\$
	\$
	\$

Does the Applicant have any U.S. or other foreign sales/ revenue? If yes, please provide the percentage to each country: Yes No

Do you have any operations or do any work outside Canada? If yes, please describe and list countries: Yes No

Does the insured anticipate entering into other operations during the next 12 months? If yes, please explain: Yes No

Does the applicant engage in any of the following operations? If yes, describe on separate attachment.

	Yes	No		Yes	No
Demolition			Drilling		
Welding (Off Premises)			Welding (On Premises)		
Blasting			Spraying (Pressure Washing)		
Spraying (Paint)			Spraying (Pesticides)		
Airport Premises			Excavation (Maximum Depth)		
Propane Work			Ships or Docks		
Roofing Work			Shoring/Tunneling/Underpinning		
Insulation (installation/removal)			Swimming Pool Work		
Cranes, use of			Bridge Work		

Other – please explain

INDEPENDENT CONTRACTORS (provide estimate cost or work given to independent contractors):

- a) As owner of buildings, repair & maintenance: \$ _____
- b) As general contractor or contractor: \$ _____
- c) Others – describe: \$ _____

Are all sub-contractors required to provide proof of liability coverage? If yes, what limit? Yes No

CONTRACTUAL OBLIGATIONS

Are there any known contractual obligations where the applicant has to provide insurance on behalf of another or hold another harmless? If yes, please explain: Yes No

AUTOMOBILE

Does the insured rent or lease vehicles from others? If yes (i) how often (ii) are any of these vehicles driven in the United States?



Do any employees regularly drive their own vehicles on company business? If yes, please explain:

Yes No

AIRCRAFT

Does the insured do any work on aircraft premises? If yes, please explain:

Yes No

Is there any aircraft exposure by the way of ownership, maintenance, use or operation of any aircraft by or on behalf of the Applicant? If yes, please explain:

Yes No

WATERCRAFT

Is there any owned or non-owned watercraft exposure by the way of ownership, maintenance, use or operation of any watercraft by or on behalf of the Applicant? If yes, please explain:

Yes No

PROFESSIONALS

Are there any Architects, Engineers, Doctors or similar professionals on staff? If yes, please explain:

Yes No

BUILDINGS OR PREMISES (please list on separate sheet if more space is required):

Location Address	% Occupied by Applicant	Owned Or Rented	Square Footage	RC of Rented Portion

MISCELLANEOUS INFORMATION

Please provide any additional information that may be pertinent in the assessment of this Applicant:

COVERAGE REQUIREMENTS Limit(s)

of Liability Insurance required: \$ _____ Deductible Requested: \$ _____

Tenants Legal Liability required: \$ _____ Deductible Requested: \$ _____



NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein;
or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicants Signature: _____ Position: _____

Please Print Name: _____ Date: _____