

COMMERCIAL GENERAL LIABILITY APPLICATION

PART 1A: BROKER INFORMATION

Brokerage		Broker Contact	
Email		Telephone	

PART 1B: APPLICANT INFORMATION

Full Name of Applicant					
Is the Applicant?	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other
Mailing Address					
City					
Province					
Postal Code					
Primary Contact					
Role					
Email					
Telephone		Website			
Description of Business Operations					
Date of Incorporation					
Years in Business		Years of Experience			
Details of any predecessor companies					
Coverage Effective Date					
Quote Required date					

PART 2: PREVIOUS INSURANCE

Past Insurer			
Policy Number			
Expiry Date			
Expiring Premium	\$		
Expiring Limit	\$		
Is the present insurance Claims Made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, state the retroactive date:			
Has the policy been cancelled/declined/refused to renew in the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Describe:			

PART 3: CLAIMS

Please provide 5 year claims experience including details of any incidents or events known to the applicant that may give rise to a claim.

a) Have there been any losses in the last 5 years (insured or uninsured):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Have any of the losses resulted in legal action within the last 5 years:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Resulted in you incurring a loss of damage to the premises you want insured:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Are you aware of any incidents which may result in claims against you? If yes describe below	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date of Claim	Description	Claim Amounts		Open or Closed
		Reserved	Paid	

PART 4: EMPLOYEES AND VOLUNTEERS

Total Number of Employees:	Full Time:		Part Time:	
Estimated Annual Payroll				
Clerical & Administrative:	\$		Plant:	\$
Salesmen (In and Out):	\$		Installation or erection:	\$
Servicing:	\$		Warehouse, including shipping:	\$
Are all employees covered by Workers' compensation / WSIB				<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please list numbers by job description and estimated payroll:				
Is Employers Liability required?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Voluntary Compensation required?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant use volunteers?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many?				
How are they Screened				
Is Employee Benefits E&O required?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant use a third-party benefit administrator?				<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 5: PREMISES LIABILITY

Please describe each location occupied by the Applicant:

Address	Square Footage	Occupancy	Owner / Tenant	TLL Limit if required

If any of the above premises, in whole or in part, are leased or rented to others, please confirm that evidence of premises liability insurance is obtained from all tenants.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details				
Are any premises outside of Canada?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify				

Please describe standard housekeeping and maintenance procedures:
Please describe any special features at any location such as docks, swimming pools, water bodies, allurements, recreational facilities, roads, bridges, railways, dams, trespass activity, transfer facilities or other unusual hazards:

PART 6: PRODUCTS AND OPEATIONS LIABILITY

Please provide full details of your operations:

Gross Annual Revenue:	CAN	\$	USA	\$	Other	\$
Any Off Premises Exposure?						<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, explain:						
Do you Import Products from Territories outside Canada or USA:						<input type="checkbox"/> Yes <input type="checkbox"/> No
Territory				% Sales		
Products manufactured, imported and or distributed by the Insured or others				Gross Annual Sales		
Type of product (manufactured/distributed)				Canada	USA	Other
				\$	\$	\$
Please indicate which products above are manufactured by others:						
Please indicate the name and location of these suppliers:						
Does the applicant enter into formal contractual agreement with distributors, suppliers, assemblers, installers?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Please State whether your products:						
Meet all the applicable product safety standards where they are sold (Please attach a sample copy of your product safety standard certificates)						<input type="checkbox"/> Yes <input type="checkbox"/> No
Labelled with all product safety warnings						<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplied with clear instructions						<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written emergency product recall in place (If yes, please provide a copy)						<input type="checkbox"/> Yes <input type="checkbox"/> No
Heat Applications						<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Errors and Omission/Professional Liability insurance						<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 7: CONTRACTUAL LIABILITY

Please provide a breakdown of your operations and subcontracted work				
Activity / Work subcontracted	Percentage of your total revenue		Percentage Subcontracted	
	%		%	
	%		%	
	%		%	
	%		%	
	%		%	
Are subcontractors required to submit certificates?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you enter a formal contract with your subcontractors?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes what is the minimum limit requested?			\$	
If yes, do you include a "hold harmless" clause in your favour? (include contract)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you engage in any of the following activities:				
<input type="checkbox"/> Demolition or Wrecking	<input type="checkbox"/> Shoring	<input type="checkbox"/> Underpinning	<input type="checkbox"/> Caisson Work	<input type="checkbox"/> Excavation
<input type="checkbox"/> Use of Explosives	<input type="checkbox"/> Raising or Moving	<input type="checkbox"/> Snow Removal	<input type="checkbox"/> Welding or Torch Cutting	

PART 8: NON-OWNED AUTOMOBILE LIABILITY

Do your employees use their personal automobile on company business?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify	<input type="checkbox"/> Regularly	<input type="checkbox"/> Occasionally		
Estimated annual cost of hired automobiles:			\$	
Estimated annual cost of automobiles operated under contract:			\$	
Any inflammable, caustic, or explosive substances carried?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any long-haul operations?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:				

PART 9: DOES THE APPLICANT ENGAGE IN ANY OF THE FOLLOWING OPERATIONS

Operations		
Aircraft Products or work at airports	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amusement parks or devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asbestos, lead, oil, UFFI or PCB abatement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Caisson, shoring, excavation, tunnelling or underpinning work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Day care, Camps, Religious or Educational residential facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demolition or wrecking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Elder, Nursing, or Health care facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Equipment rental to others with operator without operator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High hazard participant injury activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Landfill operators	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liquor sales or host liquor liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mould Abatement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pesticide, herbicide or fertilizer application	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pyrotechnic or fireworks displays or sales	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Race, speed tests or other competitions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Railroads	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Raising or moving of buildings and structures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remediation contracting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restoration contracting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Roofing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special events	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sports playing fields, arenas and stadiums	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Security/protection services including alarm/sprinkler installation/monitoring	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Snow removal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Waterworks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Welding off premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Does your business have any special premises or operations hazards such as owned or chartered watercraft; private docks or wharfs; swimming pools; private roads; mechanical truck loading or unloading facilities; radioactive material; owned, leased or chartered, any dams, reservoirs or private railroads?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details		

PART 10: LIMIT OF LIABILITY REQUESTED

Coverages	Occurrence Limit	Deductible
Do you require premises liability only		<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal and Advertising Injury		
Medical Expenses Limit (if any)		
General Aggregate Limit		
Products-Completed Operations Aggregate Limit		
Tenants Legal Liability (premises liability)		
Non-owned automobile		
Employers Liability (Canada only)		
Pollution extension		
Forest Fire fighting Expenses		
Voluntary Compensation		
Waiver of Subrogation		
Umbrella/Excess Liability Limit		

PRIVACY

The Intermediary, if providing Probitas 1492 with personal information about individuals, will comply with all relevant obligations under the Canadian Privacy Act, including having made or making the individual(s) aware that their personal information will be disclosed to Probitas 1492 and handled in accordance with Probitas 1492 Privacy Policy ([https://probitas1492.com/privacy-policy-probitas- Canada/](https://probitas1492.com/privacy-policy-probitas-Canada/))

I authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information, and claims history.

IMPORTANT NOTICE

By signing this form, you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. Probitas 1492 will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data.

Date:		Applicant Signature:	
Name:		Position:	

Additional Information

--

This is only an application and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants information provided is correct.