

**Toronto Office:** 18 King St. E., Suite 300 Toronto, ON M5C 1C4  
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

**Montreal Office:** 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8  
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## APPLICATION – GENERAL LIABILITY INSURANCE

Name of Applicant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is the Applicant a:

Corporation    Partnership    Limited Liability Partnership

Non Profit Corporation    Individual    Joint Venture

Other (Specify) \_\_\_\_\_

Website: \_\_\_\_\_

Address of Applicant:  
(Mailing address)

Street \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_

Contact person: (for inspection) \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Quote required by: \_\_\_\_\_ Coverage effective date: \_\_\_\_\_

### 1. BUSINESS OF THE APPLICANT

Please describe fully and attach separate sheet if necessary. Attach brochure(s) if any.

\_\_\_\_\_  
\_\_\_\_\_

How long in business? \_\_\_\_\_

Details of any predecessor companies: \_\_\_\_\_

Provide experience of Principal(s): \_\_\_\_\_

\_\_\_\_\_

## 2. PREVIOUS INSURANCE

Carrier: \_\_\_\_\_ Policy No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 Expiring Premium: \$ \_\_\_\_\_ Expiring Limit: \$ \_\_\_\_\_ Claims Made or Occurrence: \_\_\_\_\_  
 If claims made, retro date: \_\_\_\_\_

Has cover been cancelled or declined in the past?  Yes  No If Yes, why?

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## 3. CLAIMS AND CIRCUMSTANCES

Please provide 5 year claims experience including details of any incidents or events known to the Applicant that may give rise to a claim. (Attach separate sheets as necessary)

DATE	DESCRIPTION	PAID	AMOUNTS OUTSTANDING	EXPENSE	STATUS
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

## 4. EMPLOYEES AND VOLUNTEERS

Estimated annual payroll & head count:

(a) Administrative \$ \_\_\_\_\_ # \_\_\_\_\_ (b) Sales \$ \_\_\_\_\_ # \_\_\_\_\_  
 (c) Operations \$ \_\_\_\_\_ # \_\_\_\_\_ (d) Plant \$ \_\_\_\_\_ # \_\_\_\_\_

Give number and types of employees not covered by Workers Compensation: # \_\_\_\_\_ Type \_\_\_\_\_

Is Employers' Liability required?  Yes  No If yes, indicate limit of liability required: \$ \_\_\_\_\_

Payroll of these employees? \$ \_\_\_\_\_ Is Voluntary Compensation required?  Yes  No

Does the Applicant use volunteers?  Yes  No

If Yes, how many? # \_\_\_\_\_ How are they screened? \_\_\_\_\_

Do you provide accident cover for volunteers?  Yes  No

Is Employee Benefits E&O required?  Yes  No

If Yes, for how many? # \_\_\_\_\_ Payroll? \$ \_\_\_\_\_

Does the Applicant use a third party benefits administrator?  Yes  No

## 5. PREMISES LIABILITY

Please describe each location occupied by the Applicant:

ADDRESS	SQUARE FOOTAGE	OCCUPIED	TLL REQUIRED?	LIMIT
a)		<input type="checkbox"/> By Insured <input type="checkbox"/> By Tenant <input type="checkbox"/> Vacant /Idle	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
b)		<input type="checkbox"/> By Insured <input type="checkbox"/> By Tenant <input type="checkbox"/> Vacant /Idle	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
c)		<input type="checkbox"/> By Insured <input type="checkbox"/> By Tenant <input type="checkbox"/> Vacant /Idle	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
d)		<input type="checkbox"/> By Insured <input type="checkbox"/> By Tenant <input type="checkbox"/> Vacant /Idle	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

If Tenants Legal Liability is required for any location please provide C.O.P.E. details. \_\_\_\_\_

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.  Yes  No Please provide details. \_\_\_\_\_

Are any premises outside of Canada?  Yes  No If Yes, 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:

## 6. OPERATIONS LIABILITY

Please fully describe each activity performed off premises by the Applicant including installations and service work:

(Attach separate sheets if necessary)

Operation (s)	Gross Annual Receipts
(a) _____	\$ _____
(b) _____	\$ _____
(c) _____	\$ _____
(d) _____	\$ _____
(e) _____	\$ _____

Indicate if any of the above work is performed outside Canada (specify): \_\_\_\_\_

## 7. PRODUCTS LIABILITY

Products manufactured, imported and /or distributed by the insured or others . (Attach separate sheet(s) if necessary)

(Please specify)		TYPE OF PRODUCT (Indicate if manufactured or distributed)	GROSS ANNUAL SALES		
			CANADA	USA	OTHER
a	This year		\$	\$	\$
	Previous year		\$	\$	\$
b	This year		\$	\$	\$
	Previous year		\$	\$	\$
c	This year		\$	\$	\$
	Previous year		\$	\$	\$

Indicate which of the above products are manufactured by others: \_\_\_\_\_

Please indicate name and location of these suppliers: \_\_\_\_\_

Does the Applicant enter into formal contractual agreements with its distributors, suppliers, assemblers, packagers, installers or other service providers?  Yes  No

If yes, is a "Hold Harmless" clause in the Applicant's favour used?  Yes  No

Is evidence of liability insurance required from them? If Yes, specify limits: \_\_\_\_\_

## 8. CONTRACTUAL LIABILITY

List all contractual agreements where the Applicant assumes the tort liability of others (other than for a lease of premises, sidetracks, easements, and/or elevator maintenance agreements ). (Please attach relevant clauses)

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

## 9. CONTRACTORS PROTECTIVE

(a) Cost of work Sub-Let: \$ \_\_\_\_\_

(b) Type of work: \_\_\_\_\_

(c) Is evidence of liability insurance collected from subcontractors?  Yes  No

If Yes, specify limits: \$ \_\_\_\_\_

Does the Applicant enter into formal contractual agreements with Sub-contractors?  Yes  No

If Yes, is a "Hold Harmless" clause in the Applicant's favour used?  Yes  No

10. ADVERTISING LIABILITY

(a) Describe all radio, television, internet and publishing activities contemplated for the next twelve months:

\_\_\_\_\_  
\_\_\_\_\_

(b) What is the Applicant’s advertising spend for the next twelve months \$\_\_\_\_\_

(c) Does the Applicant have a contract with an Advertising agency?  Yes  No

If Yes, do they provide insurance to protect their client’s interest?  Yes  No

If Yes , please specify: \_\_\_\_\_

11. DOES THE APPLICANT OPERATE A HOSPITAL OR EMPLOY A PHYSICIAN, SURGEON, DENTIST OR HEALTH CARE WORKER?  Yes  No

If Yes, specify number of employees by their profession:

# \_\_\_\_\_  
# \_\_\_\_\_

12. IS THERE ANY USE OF RADIOACTIVE MATERIALS?  Yes  No

If Yes, specify: \_\_\_\_\_

13. DOES THE APPLICANT OPERATE ANY AIRCRAFT OR WATERCRAFT?  Yes  No

If Yes, specify: \_\_\_\_\_

14. DOES THE APPLICANT CHARTER, RENT OR LEASE ANY AIRCRAFT OR WATERCRAFT?  Yes  No

If Yes, specify: \_\_\_\_\_

15. NON-OWNED AUTOMOBILE LIABILITY

Number of employees using their automobile on company business: Regularly #\_\_\_\_\_ Occasionally #\_\_\_\_\_

Estimated annual cost of hired automobiles: \$\_\_\_\_\_

Estimated annual cost of automobiles operated under contract: \$\_\_\_\_\_

Any inflammable, caustic or explosive substances carried?  Yes  No

If Yes, specify: \_\_\_\_\_

Any Long Haul operations?  Yes  No

If Yes, specify: \_\_\_\_\_

16. DOES THE APPLICANT ENGAGE IN ANY OF THE FOLLOWING OPERATIONS?

(If yes, see supplements if applicable)

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

17. LIMITS OF LIABILITY REQUESTED

Commercial General Liability Form

CGL each occurrence Limit \$ \_\_\_\_\_

Personal Injury and Advertising Injury Limit \$ \_\_\_\_\_

Medical expense Limit (any one person) \$ \_\_\_\_\_

General Aggregate Limit \$ \_\_\_\_\_

Products- Completed Operations Aggregate limit \$ \_\_\_\_\_

Deductible Options \$ \_\_\_\_\_

\$ \_\_\_\_\_

18. ADDITIONAL COVERAGE REQUIRED

- Non-owned Automobile Limit \$ \_\_\_\_\_  
SEF 94 Limit \$ \_\_\_\_\_  
Deductible \$ \_\_\_\_\_
- Abuse Liability Limit \$ \_\_\_\_\_
- Accident Insurance Limit \$ \_\_\_\_\_
- Forest Fire Fighting Expense Limit \$ \_\_\_\_\_
- Product recall Limit \$ \_\_\_\_\_
- Pollution extension Limit \$ \_\_\_\_\_
- Voluntary Compensation Limit \$ \_\_\_\_\_
- Additional Insureds (specify) \_\_\_\_\_
- Vendors Broad Form (specify) \_\_\_\_\_
- Waivers of Subrogation (specify) \_\_\_\_\_
- Other Limit \$ \_\_\_\_\_  
(specify) \_\_\_\_\_

Please use this space for any additional information (where the space provided was insufficient).

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This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

Signature of Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

BROKER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NO: \_\_\_\_\_

FAX NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



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