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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: Street _____
 (Mailing address) 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?

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).

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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