



[Casualty Application]

COMMERCIAL GENERAL LIABILITY APPLICATION



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COMMERCIAL GENERAL LIABILITY APPLICATION FORM

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

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? Yes No
If yes, please provide details: _____

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied:

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

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? Yes No
If no, please explain: _____

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? Yes No
 If yes, please provide the percentage to each country:

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

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

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

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

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? Yes No
 If yes, what limit?

CONTRACTUAL OBLIGATIONS

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

AUTOMOBILE

Provide details of unlicensed automobiles or specifically automobiles for which compulsory insurance does not apply:

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: