



COMMERCIAL LIABILITY INSURANCE APPLICATION

SECTION 1: BROKER DETAILS

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Website: _____

General email: _____ Contact E-mail: _____

Contact Name: _____

SECTION 2: RISK DETAILS

2.1 Effective Dates

Policy period required from (effective date): _____ to (expiry date): _____

2.2 Mailing information

Name of Insured as it is to appear on policy: _____

Name of Organization (if different): _____

Mailing Address: _____

2.3 What is the insured?

☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☐ Other (specify) _____

2.4 Doing business as: _____

2.5 Webpage: _____

2.6 How long has Applicant been in business? _____

2.7 Name, Address and Description of Operations of all Subsidiary Companies:

NAME	ADDRESS	DESCRIPTION
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2.8 **Operations:**

Please describe fully and break down the types of operations and work performed by the Applicant:

Operations	Estimated Annual Attendance	Estimated Gross Receipts for the Coming Year
		\$
		\$
		\$
		\$
		\$

If the Insured has food and/or beverage sales, please indicate receipts:

Annual Receipts for: Food: \$ *Alcohol \$

* If receipts indicate liquor sales please fill out Liquor Liability Application

Does the Insured have any discontinued operations? ☐ Yes ☐ No

If yes, please state details:

2.9 **Products:**

Estimated annual sales/receipts for each product manufactured (present and past), sold, handled or distributed by the Applicant:

Product Description	Canada: \$	USA: \$	Other: \$
Product Description	Canada: \$	USA: \$	Other: \$
Product Description	Canada: \$	USA: \$	Other: \$
Product Description	Canada: \$	USA: \$	Other: \$
Product Description	Canada: \$	USA: \$	Other: \$

Does the Insured have any withdrawn or discontinued products? ☐ Yes ☐ No

If yes, please state details:

What is the end use of these products?:

2.10 **Locations:**

Locations of all premises owned, rented or controlled by the Applicant	Area in Square Feet	Interest of Application in stated premises (owner, landlord, tenant, etc.)

SECTION 3: LIABILITY

3.1 Contractual Liability

A. Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights? ☐ Yes ☐ No

If yes, please provide details: _____

B. If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract? ☐ Yes ☐ No

If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured? ☐ Yes ☐ No

If no, please advise procedures followed and details of contracts used: _____

C. If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured? ☐ Yes ☐ No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability? ☐ Yes ☐ No

D. If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians? ☐ Yes ☐ No

If yes, in whole or part, please attach a copy of the waiver.

If no, in whole or part, please explain: _____

3.2 Protective Liability

Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)? ☐ Yes ☐ No

If yes, what is the annual cost of work? LET \$ _____

SUBLET \$ _____

Please describe the types of work let or sublet: _____

3.3 Does the Insured contract services from others for the purpose of operating vehicles to perform maintenance, service, haulage or snow removal operations? ☐ Yes ☐ No

3.4 Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation? ☐ Yes ☐ No

If no, in whole or part, please explain: _____

3.5 **Liquor Liability**

Do Applicant's operations include the serving of alcoholic beverages? ☐ Yes ☐ No

If yes, please describe in full: _____

Receipts: \$ _____

Is Liquor Server Awareness training required for all servers? ☐ Yes ☐ No

Are concessionaires serving alcohol on the Insured's premises? ☐ Yes ☐ No

** If receipts indicate liquor sales please complete and include a Liquor Liability Application*

3.6 **Non-Owned Automobile**

A. Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? ☐ Yes ☐ No

If yes, please provide details: _____

B. Does the Insured rent or lease vehicles from others? ☐ Yes ☐ No

If yes, (i) How often per year? _____

(ii) Are any of these vehicles driven in the United States? ☐ Yes ☐ No

C. Does the Insured contract services from others? ☐ Yes ☐ No

If yes, please describe: _____

D. Are vehicles used to transport anyone? ☐ Yes ☐ No

If yes, how often and for what purpose? _____

SECTION 4: CLAIMS INFORMATION

4.1 Does the Insured have a formal loss-control program? ☐ Yes ☐ No

If yes, please provide details: _____

4.2 Does the Insured have a formal employee safety-training program? ☐ Yes ☐ No

If yes, please provide details: _____

4.3 Does the Insured have a formal premises snow/ice clearance procedure? ☐ Yes ☐ No

If yes, please provide details: _____

4.4 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary):

SECTION 5: LIMITS OF LIABILITY REQUIRED

5.1 Commercial General Liability

Each Occurrence Limit	\$	_____
Products - Completed Operations Aggregate Limit	\$	_____
Personal Injury Limit	\$	_____
Tenants Legal Liability Limit	\$	_____
Medical Expense Limit - Per Occurrence/Per Person	\$	_____
Non-Owned Automobile Limit		
- Liability	\$	_____
- Physical Damage	\$	_____
Employee Benefits Limit	\$	_____
Employers Liability Limit	\$	_____
Advertising Injury Limit	\$	_____
Other:	\$	_____

SECTION 6: DECLARATIONS

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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.

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: _____ Full Name: _____

Position Held: _____ Date: _____

SECTION 7: ADDITIONAL INFORMATION

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