

COMMERCIAL GENERAL LIABILITY APPLICATION

Applicant name and mailing address:		
Address of risk:		
Owned or rented by Applicant:		Approximate value of building:
Occupied by Applicant as:		
Occupied by Other as (describe neighbouring businesses):		
General: Square feet: Year Built: Height: Number of stories:	Construction: <input type="checkbox"/> Fire resistive <input type="checkbox"/> N.S.F.R. <input type="checkbox"/> Incombustible <input type="checkbox"/> Brick / Veneer <input type="checkbox"/> Brick / Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Other:	Finish: <input type="checkbox"/> Open <input type="checkbox"/> Combustible <input type="checkbox"/> Non-combustible <input type="checkbox"/> Other:
Roof Decking: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Mill <input type="checkbox"/> Patent / wood joist	Roof Covering: <input type="checkbox"/> Patent <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Tar Paper <input type="checkbox"/> Other:	Chimney: <input type="checkbox"/> Brick/masonry from ground <input type="checkbox"/> Listed pre-fab metal <input type="checkbox"/> Other:
Grade Floor: <input type="checkbox"/> Concrete <input type="checkbox"/> Wood joist <input type="checkbox"/> Other:	Floor openings: <input type="checkbox"/> Open to storey <input type="checkbox"/> Open to basement <input type="checkbox"/> Other:	Beams: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other:
Access Detachment: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> All sides (is building attached to others etc...)	Exposures: (ie describe neighbors)	Fuses: <input type="checkbox"/> Ordinary fuses Type: <input type="checkbox"/> Circuit Breakers
Wiring: <input type="checkbox"/> Conduit <input type="checkbox"/> Romex <input type="checkbox"/> B.X. <input type="checkbox"/> Other:	Fuel: <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Gas <input type="checkbox"/> None <input type="checkbox"/> Electric <input type="checkbox"/> Other:	Heating: <input type="checkbox"/> Electric <input type="checkbox"/> Forced warm air <input type="checkbox"/> Steam <input type="checkbox"/> Hot water <input type="checkbox"/> Woodstove (attach latest inspection) <input type="checkbox"/> Other:
Fire Protection: Distance from fire hydrant: Distance from fire hall: Volunteer or paid fire hall:	Internal Fire Protection: <input type="checkbox"/> Sprinklered <input type="checkbox"/> Central Station <input type="checkbox"/> CO2 System <input type="checkbox"/> Hand held fire extinguishers <input type="checkbox"/> Automatic Stand pipe & hose <input type="checkbox"/> Manual Stand pipe & hose <input type="checkbox"/> Other:	Internal Fire Alarms <input type="checkbox"/> Smoke detectors <input type="checkbox"/> Fire alarms <input type="checkbox"/> Other:

External Security: <input type="checkbox"/> Area completely fenced <input type="checkbox"/> Watchmen services <div style="text-align: right;">24 hour <input type="checkbox"/></div> <div style="text-align: right;">Nighttime only <input type="checkbox"/></div> <input type="checkbox"/> Floodlights <input type="checkbox"/> Guard dogs <input type="checkbox"/> Other:	Internal Security: <input type="checkbox"/> Local alarm <input type="checkbox"/> Central alarm <input type="checkbox"/> Monitoring alarm Protects: <input type="checkbox"/> Premises <input type="checkbox"/> Vault <input type="checkbox"/> Safe	Other security: <input type="checkbox"/> Bars on windows <input type="checkbox"/> Steel door <input type="checkbox"/> Other:
Flammable liquids: (List type, quantity, use) How stored:	Welding: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes describe Fire Watch Procedure:	Do you own rental properties: Yes <input type="checkbox"/> No <input type="checkbox"/> Are these rental units insured elsewhere: Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe all marine operations conducted by the applicant:		
Total years of experience in similar/related business:		
Insurance claims and/or uninsured losses in the past 5 years: Have you been involved in any major losses at any time? If so, please provide details:		
Number of employees:		
Annual payroll: Gross receipts:		
Describe experience of key personnel:		
U.S. Exposure: Yes <input type="checkbox"/> No <input type="checkbox"/> If YES please advise % of business which is US exposure:		
Is any work sub-contracted out: Yes <input type="checkbox"/> No <input type="checkbox"/> What percentage? % Do you require that sub-contractor's carry their own CGL insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Describe all operations conducted by the applicant INCLUDING those operations not at this location and including all non-marine operations: Are these operations insured elsewhere? Yes <input type="checkbox"/> No <input type="checkbox"/> Insurer: _____ Policy No. _____		
Previous Insurance Carrier: Previous policy number: Expiry date: Have you ever been cancelled by an insurance company: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please advise why:		

Agent's Name and Address: _____

Agent / broker's signature: _____

Applicant's signature: _____

By signing this application the applicant declares that all information contained herein is accurate and true to his/her knowledge and understands that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. By signing this application the applicant also grants permission for the Insurer, Broker, or their representatives to verify that the above information contained in this application is true.