



GROUP ONE INSURANCE SERVICES

45 Vogell Road, Suite 300, Richmond Hill, Ontario L4B 3P6

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www.grouponeis.com

COMMERCIAL GENERAL LIABILITY APPLICATION

BROKERAGE:

Broker contact: _____ Phone No.: _____
 Email address: _____ Fax No.: _____

INSURED: Individual Partnership Corporation Joint Venture

Full Legal Name of Applicant: _____
 Operating Name: _____
 Mailing Address: _____
 Risk Location: _____
 Principal Owner(s): _____ Website Address: _____
 Has the principal or any active partner filed for bankruptcy? Yes No If yes, provide details: _____

Insured is: Owner Tenant Landlord's Name & Address: _____

Is the landlord to be added as an additional Insured on binding? Yes No

Loss Payee / Mortgagee / Additional Insured (include name & address):
 1. _____
 2. _____

INSURANCE EXPERIENCE: New Business Renewal

Existing Insurer: _____ Target Premium Required: _____
 Renewal Offered: Yes No If not, why? _____
 Have you had any insurance refused or cancelled within the past 5 years? Yes No
 If yes, please explain: _____

LIST OF ALL CLAIMS OR ANY OTHER CIRCUMSTANCES, INCIDENTS OR FACTS WHICH MAY GIVE RISE TO A CLAIM AGAINST YOU, THAT HAVE OCCURRED IN THE PAST 5 YEARS:

Date of Loss	Details of Loss	Amount Paid/Reserve	Open/Closed

If previous losses/claims have occurred, please advise the steps taken to prevent a re-occurrence?

GENERAL INFORMATION:

Full Description of Business Operations including those operations not at this location: _____

Are these operations insured elsewhere: _____

Number of years business established: _____

Describe experience of key personnel: _____

Total years of experience in similar / related business: _____

Is the owner involved in the day-to-day operation? Yes No

If no, please provide details: _____

Total number of employees: _____ Full Time: _____ Part Time: _____

Annual Payroll: _____

Are all of the employees covered by Worker's Compensation? Yes No

If no, please provide details: _____

GROSS RECEIPTS DECLARATION:

Type of Goods Sold and/or Nature of Services	Annual Gross Receipt	Projected Gross Receipt
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Receipts:	\$	\$

Does the applicant have any U.S. Sales or Foreign Exposure (past, present, future)? Yes No

If yes, explain and list percentage of each country: _____

Does the applicant provide any U.S. Installation (past, present, future)? Yes No

If yes, explain and list percentage of each country: _____

Does the Insured plan on entering or expanding into new operations during the next 12 months? Yes No

If yes, explain: _____

Does the applicant have any special agreements with Government Agencies? Yes No

Does the applicant use radioactive materials? Yes No

Does the applicant engage in any of the following operations?

- | | | | |
|-----------------------------|----------------------------------------------------------|--------------------------------|----------------------------------------------------------|
| Airport Premises | <input type="checkbox"/> Yes <input type="checkbox"/> No | Insulation (Install/Remove) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bridge Work | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cranes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Demolition or Wrecking | <input type="checkbox"/> Yes <input type="checkbox"/> No | Drilling | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Excavation – Depth | <input type="checkbox"/> Yes <input type="checkbox"/> No | Blasting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Propane Work | <input type="checkbox"/> Yes <input type="checkbox"/> No | Roofing Work | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ship or Docks | <input type="checkbox"/> Yes <input type="checkbox"/> No | Shoring/Tunneling/Underpinning | <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 |
| Spraying (Pressure Washing) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Swimming Pool Work | <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 |

Describe in detail: _____

CONTRACTUAL INFORMATION – OPERATIONS:

- Does anyone else manufacture the Insured's product under license? Yes No
- Are any of the client's products sold under another Company's Name/Label? Yes No
- Does the client repackage the products of Others? Yes No
- Has the client discontinued any products/operations in the past? Yes No
- Does the client manufacture products or perform operations according to customer's specifications? Yes No
- Does the client's operation involve the use of any flammable/poisonous material? Yes No
- Does the client employ a physician, nurse or other health care professional? Yes No
- Does the client own or operate any Aircraft/Watercraft? Yes No
- Does the client charter, rent or lease any Aircraft/Watercraft? Yes No
- Does the client have any special agreements with Government Agencies? Yes No
- Does the Forest Fire Prevention Act apply? Yes No

Describe quality control and inspection procedures: _____

Please provide details of operations involving the use of welding equipment or other similar equipment away from the premises owned, occupied or used by the Client:

Does the client rent or lease mechanical equipment to or from others? Yes No

Are there any know contractual obligations where the applicant has to provide insurance on behalf of another or hold another harmless? Yes No

If yes, explain: _____

INDEPENDENT CONTRACTORS:

Does the client sub-contract work? Yes No If yes, percentage of work: _____
Describe: _____

Are sub-contractors required to carry liability insurance? Yes No If yes, minimum limits required: _____

Is the applicant added as an Additional Insured under the contractor's policy? Yes No

Does the client obtain Certificates of Insurance from sub-contractors? Yes No

Please provide an estimate of cost/work given to independent sub-contractors:

Repair & Maintenance: \$ _____ Other: \$ _____

Describe: _____

MISCELLANEOUS INFORMATION:

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? Yes No

If yes, please explain: _____

Please provide details of any unlicensed automobiles or specific automobiles for which compulsory insurance does not apply:

Do any employees regularly drive their own vehicles on company business? Yes No

If yes, explain: _____

Does the client do any work on aircraft premises? Yes No

If yes, explain: _____

Is there any aircraft exposure by way of ownership, maintenance, use or operation of any aircraft by or on behalf of the client?
Yes No

If yes, explain: _____

Are there any owned or non-owned watercraft exposures by way of ownership, maintenance, use or operation of any watercraft by or on behalf of the client? Yes No

If yes, explain: _____

Please provide any additional information which may not have been addressed in the application but is pertinent information in respect to the risk:

COVERAGE REQUIREMENTS

Location Address	% Occupied by Applicant	Owned or Rented	Sq. Ft.	RC of Rented Portion

LIMITS OF INSURANCE

Coverage:-	Deductible	Limit of Insurance
Commercial General Liability		\$
Tenants Legal Liability		\$
Other coverage		\$

BROKER DECLARATION

Is this account NEW to your office? Yes No If no, how long have you known the applicant? _____

Is the applicant financially sound? Yes No Have you personally seen this property? Yes No

Do you recommend this applicant? Yes No Is the property for sale? Yes No

Comments: _____

I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

Signature of Producer/Account Executive: _____ Date: _____

Print Name of Broker/Producer & Brokerage: _____

DISCLAIMER

Consumer and previous insurer reports containing personal, credit, factual, or investigate information about the applicant may be sought in connection with this Application 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) Provides 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 BETWEEN THE INVOLVED PARTIES.

Signature of Applicant: _____ Date: _____

Title of Applicant: _____

Broker's Signature: _____ Date: _____