

COMMERCIAL GENERAL LIABILITY INSURANCE APPLICATION

THIS APPLICATION IS FOR AN OCCURRENCE POLICY.

FOR PURPOSES OF THE *INSURANCE COMPANIES ACT (CANADA)*, THIS DOCUMENT WAS ISSUED IN THE COURSE OF LLOYD'S UNDERWRITERS' INSURANCE BUSINESS IN CANADA.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE "NONE" TO QUESTIONS WHERE THERE IS NO EXPOSURE. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER A QUESTION FULLY, PLEASE ATTACH DETAILS ON A SEPARATE SHEET.

PLEASE PROVIDE THE FOLLOWING WITH THE APPLICATION (IF POSSIBLE):

- Copy of customer contracts or agreements
- Product brochures

1. COMPANY INFORMATION

A) Name of Company: _____

B) Mailing Address: _____

Web Site Address: _____

C) Year established: _____

D) Description of operations: _____

Please complete supplemental applications, if required.

E) Does the Company manufacture its own products? YES NO

If NO, who manufactures the products for the Company and where are the products manufactured? _____

F) Gross Revenues for the last twelve (12) months or last fiscal year (\$CDN):

	CANADA \$ _____	U.S. \$ _____
OTHER (please list countries)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

Estimated Gross Revenues for the next twelve (12) months or next fiscal year (\$CDN):

	CANADA \$ _____	U.S. \$ _____
OTHER (please list countries)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

COMMERCIAL GENERAL LIABILITY INSURANCE APPLICATION

2. PRODUCT / SERVICE INFORMATION

- A) Please describe the products in which the Company is engaged, listing specific product(s) or service(s): _____

- B) Has any product(s) or service(s) been discontinued? YES NO
If YES, what and when? _____
- C) List any product(s) or service(s) which the Company has discontinued but which may still be in use (please indicate the last year of distribution and the annual sales): _____
- D) Does the Company plan on any new products in the next 12 months? _____
- E) Does the Company and its product(s) or service(s) comply with all applicable government or similar regulations? YES NO
If NO, please explain: _____
- F) Is physical installation of the Company's product(s) at the customer site performed by the Company's employees or representatives of the Company? Employees Representatives of Company
- G) Does the Company provide maintenance service for its customers? YES NO
- H) Does the Company subcontract such maintenance services to others? YES NO
If YES, please explain: _____
- I) Do you import any products? If so, do you package or alter the product in any way? YES NO
- J) Do you design any products for you or others? YES NO
- K) Do you provide hold harmless agreements to your suppliers? YES NO
- L) Have any of your products ever been subject to a governmental investigation? YES NO
- M) Do you have a quality control testing system in place? YES NO
- N) Are product warranties or disclaimers reviewed by legal counsel? YES NO

3. PREMISES AND OPERATIONS

- A) Total Number of Employees: _____
- B) Total Payroll: _____
- C) Does the company own the building(s)? YES NO
a) If YES, how many square meters are the premises? _____
b) How many elevators *(if any) ? _____
- D) Does the Company have any premises or operations conducted in the U.S.? YES NO
If YES, please provide details: _____
Total number of employees: _____
- E) Are all employees covered by provincial or federal Workmen's Compensation Insurance? YES NO
- F) Please give the estimated cost of work given to independent contractors:
as owner of buildings, repair and maintenance: \$ _____
as a general contractor or contractor: \$ _____
others (please describe): _____ \$ _____
- G) Please list any contracts or agreements where liability is assumed. _____

COMMERCIAL GENERAL LIABILITY INSURANCE APPLICATION

H) What is the nature of these agreements? _____

I) Please give a description of any special premises or operations hazards related to the following:
(Attach separate sheet if necessary)

1. Watercraft: Owned or Chartered: _____
Type: _____
Length: _____

2. Private docks or wharves: Locations: _____
Number: _____

3. Private Roads: Locations: _____
Number: _____
Mileage: _____

4. Radioactive Material: Nature: _____
Usage: _____

5. Leasing of aircraft: Number: _____
Cost: \$ _____

6. Non-owned automobile insurance (please complete the attached questionnaire).

4. TENANTS LEGAL LIABILITY

A) Location(s) of premises: _____

B) Construction of building(s): _____

5. FOR CONTRACTING RISKS ONLY

Do you engage in any of the following operations:

- A) Demolition or wrecking YES NO
- B) Shoring YES NO
- C) Underpinning YES NO
- D) Caisson Work YES NO
- E) Excavation YES NO
- F) Use of Explosives YES NO
- G) Raising or moving of buildings and structures YES NO
- H) Tunneling YES NO
- I) Welding off premises YES NO

Details of operations involving the use of welding equipment, blowtorches, or other similar equipment away from premises owned, occupied or used by the insured: _____

6. PREVIOUS INSURANCE / CLAIM INFORMATION

A) During the last five (5) years, has the Company carried Commercial General Liability insurance? YES NO

B) Has the Company ever been declined, non-renewed or cancelled by any insurer for Commercial General Liability insurance? YES NO
If YES, please explain: _____

C) In the last five (5) years, has the Company ever had a claim made against it? YES NO
If YES, please provide the following details on a separate sheet:

- 1) Date of claim 3) Amount of indemnity payment or reserve and amount of defense costs
- 2) Nature of claim

COMMERCIAL GENERAL LIABILITY INSURANCE APPLICATION

D) Is the Company aware of any situation or circumstance which could result in a claim? YES NO
If YES, please describe in detail: _____

Without limitation of any other remedy available to the Insurer, it is hereby agreed that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom is excluded from coverage under the proposed insurance.

Limit of liability requested: \$ _____

Products/Completed Operations aggregate limit: \$ _____

Tenant's Legal Liability limit any one premises: \$ _____

7. NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Creechurch International Underwriters Ltd. (Creechurch), a customer provides Creechurch with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Creechurch and any affiliated companies and service providers.

Further information about Creechurch's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

8. WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material facts.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants he or she will immediately report such changes to the Insurer.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract and will be attached to and form part of the policy.

SIGNED: _____
(Authorized Representative)

DATED: _____

NAME (Please Print): _____

TITLE/POSITION: _____