



Contact Information:  
<http://tcim.ca/our-people/>

## COMMERCIAL GENERAL LIABILITY APPLICATION

IF SPACE IS INSUFFICIENT FOR ANSWER, PLEASE USE SEPARATE SHEETS

INSURANCE COMPANY		<input type="checkbox"/> NEW POLICY <input type="checkbox"/> EXISTING POLICY	
		NO OF LOCATIONS _____	NO OF ATTACHMENTS _____
<b>1. APPLICANT'S NAME AND POSTAL ADDRESS</b>			
		BROKER CLIENT ID	
		BROKER / AGENT	CODE
	POSTAL CODE		
CONTACT NAME:			
CONTACT BUSINESS PHONE:			
CONTACT HOME PHONE:		E-MAIL ADDRESS:	
CONTACT FAX:		WEB SITE:	
<b>2. POLICY PERIOD</b>			
FROM	TIME	DATE	TO 12.01A.M. DATE
	:	YYYY / MM / DD	YYYY / MM / DD
	A.M. _____ P.M. _____		
<b>3. DESCRIPTION OF BUSINESS OPERATIONS (INCLUDE ALL SUBSIDIARY COMPANIES AND ANY DORMANT OR INACTIVE OPERATIONS)</b>			
NAME OF COMPANY	YEARS IN BUSINESS	DESCRIPTION OF OPERATIONS	



**7. GROSS RECEIPTS AND PAYROLL**

	PAYROLL	TOTAL REVENUE	CANADIAN REVENUE	U.S. REVENUE	OTHER REVENUE	# OF EMPLOYEES
PAST YEAR	\$	\$				
NEXT YEAR'S ESTIMATE	\$	\$				
ARE FOOD OR ALCOHOL SOLD ON PREMISES? YES ___ NO ___ IF YES, ANNUAL FOOD RECEIPTS \$ _____						
ANNUAL ALCOHOL RECEIPTS \$ _____						

**8. GENERAL (AN ADDITIONAL QUESTIONNAIRE MAY BE REQUIRED FOR SOME RISK) - PROVIDE DETAILS FOR ALL "YES" ANSWERS**

- A. IS ANY WORK SUBCONTRACTED? YES \_\_\_ NO \_\_\_ DETAILS:
- B. ARE CERTIFICATES OF INSURANCE REQUESTED AND RECEIVED? YES \_\_\_ NO \_\_\_ DETAILS:
- C. DESCRIBE ANY CONTRACTS WHERE THE APPLICANT HAS AGREED TO HOLD HARMLESS ANY INDIVIDUAL OR ORGANIZATION  
  
RAILWAY SIDINGS: CROSSINGS OR RIGHT-OF-WAYS; GIVE NAME OF RAILWAY COMPANY AND NUMBER AND LOCATIONS::
- D. IS APPLICANT INVOLVED IN ANY OFF-PREMISES WORK? YES \_\_\_ NO \_\_\_ DETAILS:
- E. DESCRIBE PUBLIC USE OF APPLICANT'S PREMISES (E.G. TOURS):
- F. DESCRIBE WASTE HANDLING METHODS:
- G. IS THERE AN ENVIRONMENTAL POLICY IN FORCE? YES \_\_\_ NO \_\_\_ DETAILS INCLUDING TYPE LIMITS AND EXPIRY DATE(S):
- H. IS THERE ON-SITE SECURITY? YES \_\_\_ NO \_\_\_ DETAILS:
- I. ARE PREMISES FULLY FENCED? YES \_\_\_ NO \_\_\_ DETAILS:
- J. DOES THE APPLICANT HAVE ANY PERSONNEL ON STAFF PERFORMING MEDICAL, PROFESSIONAL OR ENGINEERING SERVICES? YES \_\_\_ NO \_\_\_ DETAILS:  
(LIST PROFESSIONAL LIABILITY POLICY CARRIER & POLICY NUMBER & EXPIRY DATE)
- K. ANY EMPLOYEES COVERED BY WORKERS COMPENSATION? YES \_\_\_ NO \_\_\_ IF YES, PROVIDE DETAILS INCLUDING NUMBER AND PAYROLL FOR THOSE COVERED:

**9. PRODUCTS OR COMPLETED OPERATIONS - PROVIDE DETAILS FOR ALL "YES" ANSWERS**

**IF APPLICANT DOES WORK FOR OTHERS**

- A. NEW WORK IS \_\_\_\_\_ % AND REPAIR WORK (INCLUDING SERVICE WORK) IS \_\_\_\_\_ % OF TOTAL OPERATIONS
- B. DESCRIBE WORK PERFORMED FOR OTHERS

IF APPLICANT MANUFACTURES, SELLS OR DISTRIBUTES A PRODUCT (COMPLETE FOR ALL PRODUCTS)							
			HANDLING CODES			D = DISTRIBUTOR M = MANUFACTURER MA = MANUFACTURER'S AGENT	
PRODUCT NAME	# YEARS MADE	TOTAL SALES	% CAN SALES	% U.S. SALES	% OTHER (STATE COUNTRY)	PRODUCT DESCRIPTION	HANDLING CODE

**9. PRODUCTS OR COMPLETED OPERATIONS (CONT'D) - PROVIDE DETAILS FOR ALL "YES" ANSWERS**

**IF APPLICANT MANUFACTURES, SELLS OR DISTRIBUTES A PRODUCT (COMPLETE FOR ALL PRODUCTS)**

C. IF MANUFACTURER'S AGENT, SPECIFY COUNTRY(IES) MANUFACTURED IN:

D. ARE ANY PRODUCTS CUSTOM MADE? YES \_\_\_ NO \_\_\_ DESCRIBE:

E. IF PRODUCT IS A COMPONENT PART, DESCRIBE THE PRODUCT IT WILL BE USED IN AND ITS FINAL USE:

F. PRODUCT SOLD UNDER APPLICANT'S LABEL YES \_\_\_ NO \_\_\_ LIST:

PRODUCT SOLD UNDER SUPPLIER'S LABEL YES \_\_\_ NO \_\_\_ LIST:

PRODUCT SOLD UNDER BUYER'S LABEL YES \_\_\_ NO \_\_\_ LIST:

OTHER YES \_\_\_ NO \_\_\_ DESCRIBE

G. DOES LABEL STATE PRODUCT IS ULC APPROVED? YES \_\_\_ NO \_\_\_ DESCRIBE:

DOES LABEL STATE PRODUCT IS CSA APPROVED? YES \_\_\_ NO \_\_\_ DESCRIBE:

DOES LABEL STATE PRODUCT IS APPROVED BY OTHER INSTITUTION / AGENCY? YES \_\_\_ NO \_\_\_ DESCRIBE:

H. ANY PRODUCT DISCONTINUED OR RECALLED IN THE LAST 5 YEARS? YES \_\_\_ NO \_\_\_ IF YES, DESCRIBE:

I. ARE WARNING LABELS ATTACHED TO THE PRODUCTS? YES \_\_\_ NO \_\_\_  
ARE INSTRUCTIONS FOR USE PROVIDED? YES \_\_\_ NO \_\_\_ IF YES DESCRIBE AND ATTACH COPIES:

J. DOES THE APPLICANT FOLLOW ANY QUALITY CONTROL PROCEDURE? YES \_\_\_ NO \_\_\_ IF YES, DESCRIBE:

K. DO PRODUCTS CARRY ANY WARRANTIES? YES \_\_\_ NO \_\_\_ IF YES, DESCRIBE:

L. IS APPLICANT CONSIDERING ANY CHANGE IN PRODUCTS OR OPERATIONS IN THE NEXT YEAR?  
YES \_\_\_ NO \_\_\_ IF YES, DESCRIBE:

M. IS APPLICANT INVOLVED IN ANOTHER OPERATION / PRODUCTION WORK BY THEMSELVES OR AS A PARTNER IN A JOINT VENTURE / CONCERN? YES \_\_\_\_ NO \_\_\_\_ IF YES, DESCRIBE:

**REMARKS**

**10. CONTRACTING EXPOSURE**

DOES APPLICANT WORK AS i) GENERAL CONTRACTOR YES \_\_\_\_ NO \_\_\_\_  
 ii) SUB-CONTRACTOR YES \_\_\_\_ NO \_\_\_\_  
 iii) BOTH GENERAL & SUB-CONTRACTOR YES \_\_\_\_ NO \_\_\_\_

CONTRACTING RISKS – COMPLETE FOR ALL TYPES OF WORK PERFORMED IN THE FOLLOWING:

RISK	% OF RECEIPTS	ANY WORK SUBCONTRACTED (√)	DETAIL
ASBESTOS			
BLASTING			
BUILDING MOVING / RAISING			
CAISSON			
CARPENTRY			
CONCRETE WORK / MASONRY			
CONSTRUCTION – SPECIFY (E.G. BRIDGES, BUILDINGS, ROADS ETC.)			
DREDGING			
ELECTRICAL WIRING			
EXCAVATION			
GRADING			
HEATING			
HOT TAR ROOFING			
LAND CLEARING			
MOULD			
PCB's			
PILE DRIVING			
PLASTERING			
PLUMBING			
RENOVATION			
RENTAL OF EQUIPMENT TO / FROM OTHERS			
RIGGING			
SHORING / UNDERPINNING			
SPRAY PAINTING			
STEAMFITTING			

STRUCTURAL STEEL			
TUNNELING			
UNDERGROUND TANKS			
WELDING			
WRECKING / DEMOLITION			
OTHER			

**ATTACH ANY PRODUCT BROCHURES OR WARRANTIES**

**11. OTHER INFORMATION**

ADDITIONAL NAMED INSUREDS. (ATTACH LIST IF NECESSARY)

**SPECIAL PREMISES OR OPERATIONS HAZARDS:**  
 DESCRIBE FULLY ALL SPECIAL HAZARDS INHERENT IN, OR ASSOCIATED WITH CLIENT'S OPERATIONS. (E.G. EXPLOSIVES, VOLATILES, RADIUM, ETC.) (GIVE DESCRIPTION ON SEPARATE SHEET WHERE NECESSARY)

A.) WATERCRAFT: OWNED OR CHARTERED:  
 TYPE:  
 NUMBER:  
 LENGTH:

B) SWIMMING POOLS:  
 LOCATIONS:  
 NUMBER:  
 SIZE:  
 RECEIPTS:

C) PRIVATE ROADS: LOCATIONS:  
 NUMBER: \_\_\_\_\_ MILEAGE: \_\_\_\_\_

D) TRUCK LOADING OR UNLOADING FACILITIES:

E) RADIOACTIVE MATERIAL: NATURE: \_\_\_\_\_ USE: \_\_\_\_\_

F) NUMBER OF AIRCRAFT LEASED OR CHARTERED DURING THE YEAR:

G) GIVE DESCRIPTION AND LOCATION OF ANY DAMS, PRIVATE RAILROADS:

H) NON OWNED AUTOMOBILE:  
 NUMBER OF EMPLOYEES USING THEIR CARS ON COMPANY BUSINESS:  
 REGULARLY: \_\_\_\_\_ OCCASIONALLY: \_\_\_\_\_ ESTIMATED ANNUAL COST OF HIRED CARS: \$  
 ESTIMATED ANNUAL COST OF CARS OPERATED UNDER CONTRACT: \$

**DECLARATION**

The undersigned declares that all statements made in this application and the information contained in documents submitted with it are true. Signing of this document does not bind the applicant to complete the insurance, but it is agreed that the application shall be the basis of the contract, should a policy be issued.

**CONSENT AND DISCLOSURE**

I have provided personal information in this document and otherwise, and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company / wholesaler to collect, use and disclose any of this personal information, subject to the law and to my broker's, wholesaler's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

\_\_\_\_\_ date

\_\_\_\_\_ Signature of Applicant

Name:

Position: