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COMMERCIAL GENERAL LIABILITY INSURANCE APPLICATION

THIS APPLICATION IS FOR AN OCCURRENCE POLICY

PLEASE PROVIDE THE FOLLOWING WITH THE APPLICATION

- ☐ Copy of customer contracts or agreements
☐ Product brochures

1. COMPANY INFORMATION

1. Name of organization or Legal Entity (Applicant) including any subsidiaries:

(please show complete name as you wish it to appear on the policy)

2. Head Office Address (Not P.O. Box):

Other locations (please list and describe):

Website:

3. Date established:

4. Description of operations:

Please complete the CGL Product Liability Addendum if the Applicant is a manufacturer or a distributor.

5. Does the Company manufacture its own products?

☐ YES ☐ NO

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

6. 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)	\$
	\$
	\$

7. Is the applicant domiciled in Canada?

☐ YES ☐ NO

2. PRODUCTS / SERVICES INFORMATION

8. Please describe the products in which the Company is engaged, listing specific product(s) or service(s):

9. Has any product(s) or service(s) been discontinued? ☐ YES ☐ NO
If YES, what and when? _____

10. 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):

11. Does the Company plan on any new products in the next 12 months? ☐ YES ☐ NO
If YES, please provide details: _____

12. Does the Company and its product(s) or service(s) comply with all applicable government or similar regulations? ☐ YES ☐ NO
If NO, please explain: _____

13. Does the Company perform any installation services? ☐ YES ☐ NO
If YES, please describe: _____

14. Does the Company sub-contract the installation services or is it performed by the Applicant's employees? ☐ YES ☐ NO
If YES, does the Applicant request proof of insurance? ☐ YES ☐ NO

15. Does the Company provide maintenance service for its customers? ☐ YES ☐ NO

16. Does the Company import any products? ☐ YES ☐ NO
If YES, do you package or alter the product in any way? ☐ YES ☐ NO

17. Does the Company design any products for you or others? ☐ YES ☐ NO

18. Do you provide hold harmless agreements to your suppliers? ☐ YES ☐ NO

19. Have any of your products ever been subject to a governmental investigation? ☐ YES ☐ NO

20. Does the Company have a quality control testing system in place? ☐ YES ☐ NO

21. Are product warranties or disclaimers reviewed by legal counsel? ☐ YES ☐ NO

3. PREMISES AND OPERATIONS

22. Total Number of Employees: _____

23. Total Payroll: \$ _____

24. 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)? _____

25. Does the Company have any premises or operations conducted in the U.S.? ☐ YES ☐ NO
If YES, please provide details: _____
Total number of employees: _____

26. Are all employees covered by provincial or federal Workmen's Compensation Insurance? ☐ YES ☐ NO

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27. Please give the estimated cost of work given to independent contractors:

- 1) As owner of buildings, repair and maintenance: \$ _____
- 2) As a general contractor or contractor: \$ _____
- 3) Others (please describe): \$ _____

28. Please list any contracts or agreements where liability is assumed.

29. 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: _____
- 2. Private docks or wharves: Provide details: _____
- 3. Private Roads: Provide details: _____
- 4. Radioactive Material: Nature: _____
- 5. Leasing of aircraft: Provide details: _____

4. TENANTS LEGAL LIABILITY

30. Location(s) of premises: _____

31. Construction of building(s): _____

5. FOR CONTRACTING RISKS ONLY

32. Does the Company engage in any of the following operations:

- | | |
|--|--|
| A) Demolition or wrecking | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B) Shoring | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| C) Underpinning | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| D) Caisson Work | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| E) Excavation | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| F) Use of Explosives | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| G) Raising or moving of buildings and structures | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| H) Tunneling | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| I) Welding off premises | <input type="checkbox"/> YES <input type="checkbox"/> NO |

33. Provide details of operations involving the use of welding equipment, blowtorches, or other similar equipment away from premises owned, occupied or used by the Applicant:

6. PREVIOUS INSURANCE / CLAIM INFORMATION

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

35. Has the Company ever been declined, non-renewed or cancelled by any insurer for Commercial General Liability insurance?

☐ YES ☐ NO

If YES, please explain:

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36. In the last five (5) years, has the Company ever had a claim made against it? ☐ YES ☐ NO

If YES, please provide details:

37. Is the Company aware of any situation or circumstance which could result in a claim? ☐ YES ☐ NO

If YES, please provide details:

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: \$ _____

Other coverages requested: _____

7. NON-OWNED AND HIRED AUTOMOBILE (IF REQUIRED)

38. Number of employees using their own vehicles for company business (occasional or full-time use; i.e. sales, delivery, mail pick-up or delivery, etc.): _____

39. How often and for what purpose do employees drive their own vehicles for company business?

40. For those employees who use their own vehicles for company business, either full-time or occasionally, does the customer require the employee to carry primary insurance (min. and max. required)?

41. What types of vehicles are usually rented (cars, vans, passenger vans, heavy commercial, etc.)?

42. What province/state does the customer hire or borrow from? _____

8. NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Beazley Canada Limited, a customer provides Beazley 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 Beazley and any affiliated companies and service providers.

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

9. 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: _____ DATE: _____
(Authorized Representative)

NAME (Please Print): _____ TITLE/POSITION: _____