1. **Name of applicant:**

**Address of applicant:**

**Description of operations**:

|  |  |  |
| --- | --- | --- |
| Annual **payroll** | Annual **sales** | Number of **employees** |
| $ | $ |  |

1. **Attach list all subsidiary companies –** including Name & address of company, description of operations and annual payroll, annual sales and number of employees
2. **Products / completed operations**

|  |  |  |
| --- | --- | --- |
| 1. Describe products manufactured, sold, handled or distributed and give estimated annual sales for each class (record separately all aviation, automotive or marine products) **AND** also specify if any completed operations exposures exist – use additional page if more space is required | | |
|  | Products of related groups of products (attach brochures) | Annual **sales** |
|  | $ |
|  | $ |
|  | $ |
|  |  | $ |
|  | $ |
|  | $ |

1. Does applicant or subsidiary companies have any operations or sales outside of Canada?  Yes  No

If yes, give complete details.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of company** | Description of **operations / products** | **Country** | Annual **payroll** | Annual **sales** | Number of **employees** |
|  |  |  | $ | $ |  |
|  |  |  | $ | $ |  |

1. Are all companies listed to be covered by this insurance?  Yes  No

If no explain:

1. **Limit of liability** What limit is desired for umbrella contract? $

What self-insured retention limit? $      What limit is desired for excess contract?

1. List all claims paid or outstanding (whether or not insured) in amounts greater than $10,000 during the past five years.

     .

1. **Schedule of primary policies:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Policy No.** | **Carrier** | **Policy period** | **Coverage** | **Limits** | **Annual premium** |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |

Do these policies cover all companies listed in answer to questions 1 & 2?  Yes  No

If no, explain**:**

1. Experience modification factors (credits/surcharges) if known: Automobile:       General liability:
2. Do the primary policies afford the following coverages?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | No |  | Yes | No |
| 1. Products liability |  |  | 1. Broad form P.D. |  |  |
| 1. Blanket contractual (reporting) |  |  | 1. Personal injury |  |  |
| 1. Blanket contractual (non-reporting) |  |  | 1. Employee benefit liability |  |  |
| 1. Protective liability |  |  | 1. Liquor liability |  |  |
| 1. Non-owned automobile liability |  |  | 1. Damage to underground property |  |  |
| 1. Malpractice |  |  | 1. Blasting, pile driving, underpinning |  |  |
| 1. Employees as insureds |  |  | 1. World wide territory with no restriction |  |  |
| 1. Cross liability |  |  | 1. Occurrence property damage |  |  |

|  |  |
| --- | --- |
|  | 1. Does any policy listed above contain a deductible or provide a reduced limit of liability for any exposures?  Yes  No   If yes, explain. |
|  | 1. Any special coverages beyond that given in a standard form?  Yes  No   If yes, what is nature of special coverage. |
|  | 1. Give details of any special exclusions other than exclusions printed in the form itself |
|  | 1. Does the primary general liability policy exclude punitive damages or restricts coverage to compensatory damages?   Yes  No |

1. **Malpractice liability**

Does the applicant operate a hospital of first aid facility?  Yes  No if yes, describe facilities:

|  |  |
| --- | --- |
|  | 1. State number of all owned / leased vehicles:   Private passenger:       Light trucks:  Heavy trucks:       Buses (state no. Of seats for each):  Tankers:       Trailers:  Other (specify):       Total: |
|  | 1. Any inflammable, caustic or explosive substances carried?  Yes  No if yes describe fully. |
|  | 1. Any long haul operations?  Yes  No if yes, state radius of operations and number of units involved: |
|  | 1. Are ALL owned or leased vehicles covered under the Auto policies listed in Answer to Question 8?  Yes  No |

1. List all premises occupied but not owned by the applicant with an estimated values in excess of $10,000. If none, so state

.

|  |  |  |  |
| --- | --- | --- | --- |
| Location and description  (factory, warehouse office etc.) | % occupied | Estimated value | If tenants’ fire legal liability carried, state limit |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |

Is applicant held harmless by lessor for damage to premises?  Yes  No if yes, to what extent?

1. List all other property of others in the care, custody or control of the applicant (include such property as data processing equipment, leased automobiles, leased watercraft, leased machinery, material on consignment, property stored etc.) Together with its estimated value. If aggregate value is in excess of $10,000. If none so state.

|  |  |  |
| --- | --- | --- |
| Description of property | Value | How insured |
|  | $ |  |
|  | $ |  |
|  | $ |  |

1. **Watercraft liability**
2. Describe full any watercraft owned or chartered by applicant and state whether owned of non-owned:

1. Does applicant maintain a waterfront facility?  Yes  No if yes, describe fully:

1. Do underlying policies listed cover these exposures?  Yes  No if no, explain.

1. **Contractual liability:** describe contractual liability assumed at present.

1. **Aviation liability**
2. Number and type of owned, leased or chartered aircraft including seating capacity. State whether owned or non-owned:
3. Do any employees fly their own or other aircraft on applicant’s business?  Yes  No if yes, how many?

1. Does the applicant expect to own, lease or charter aircraft within the next twelve months?  Yes  No

if yes, give details.

1. **Employers’ liability**
2. Are all employees covered by workmen’s compensation insurance?  Yes  No if no note exceptions.

1. Is employers’ liability insurance carried for all employees not covered by workmen’s compensation insurance?

Yes  No if no, note exceptions.

1. Is contingent employers’ liability insurance carried for all employees covered by workmen’s compensation insurance?

Yes  No if no, note exceptions.

1. **Advertising liability**
2. Describe all radio, television and publishing activities contemplated for the next twelve months.

1. Are any unusual advertising activities such as contests, exhibits, etc., contemplated?  Yes  No

if yes describe.

1. Estimated annual advertising expenditure

|  |  |
| --- | --- |
| Advertising agency | $ |
| Other | $ |

1. Do underlying policies listed cover these exposures?  Yes  No
2. If the applicant is under contract with an advertising agency, has agency’s policy been endorsed to include the additional interest of the applicant?  Yes  No if yes, to what extent.

1. Specify applicant’s web site address:
2. Do the applicant’s operations involve the use of radioisotopes or any other radioactive materials?  Yes  No

If yes, give details.

1. **Railroad liability**
2. Does applicant operate an industrial railroad?  Yes  No

If yes, describe fully giving mileage, types and number of owned rolling stock, number of grade crossings and protection, average number of non-owned rolling stock handled per week.

1. Do locomotives owned by applicant ever operate on the mainline of a railroad?  Yes  No
2. Do underlying policies listed cover these exposures?  Yes  No

If no, note exceptions.

**DECLARATION**

I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts that would be likely to influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties. Protection and Electronic Documents Act (PIPEDA)

*(Print name of proposed insured) Title*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of insured Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of broker Date

Name of broker:

Phone No:       Fax No:       Email: