

Petrela, Winter & Associates

Insurance Brokers - Bond Consultants

COMMERCIAL GENERAL LIABILITY APPLICATION

Important: Detailed information and submission of all documents/plans requested will ensure a prompt response.
(Please type or print clearly.)

1. (a) Full names of all insureds: _____

(b) Names of Principals: _____

2. Mailing Address: _____

3. Business:

(a) Describe in full detail (brochure if available): _____

(b) How long in business? _____

4. (a) Location of premises:

(i) _____

(ii) _____

(iii) _____

(b) Fully describe operations at each location:

(i) _____

(ii) _____

(iii) _____

5. Are any of the above premises leased or rented in their entirety to others who control and operate the premises, elevators or boilers? YES NO

6. Contractual - list all lease agreements, railway siding agreements etc. (obtain copies of agreement where possible):

7. Detail fully types of operations and work performed by insured:

Operation	\$ Performed (gross receipts)	Percentage Subcontracted
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %

8. What type of work is sublet? _____

9. Are sub-contractors to submit liability insurance? YES NO

10. Do you ask sub-contractors to submit liability certificates? YES NO

Limit \$ _____

11. Do you enter into formal contractual agreements with your sub-contractor? YES NO

If yes, do you include a "hold harmless" clause in your favour? YES NO

Submit copy of usual contract form.

12. Are all employees covered by Workers Compensation? YES NO

13. Are Employer's Liability and Voluntary Compensation required? YES NO

14. Tenant's Legal Liability:

(a) Location of premises: _____

(b) Amount to be insured: _____

(c) Is there a lease agreement? YES NO

If yes, please submit copy.

Some lease agreements make tenants fully responsible for damage. Liability assumed under such an agreement is not covered by the T.L.L. policy, it is specifically excluded. Always obtain and review lease agreements.

15. Is there any use or radioactive materials? YES NO

16. Do you operate a medical facility or employ a physician, surgeon or dentist? YES NO

If yes, give details: Number of doctors _____

Number of nurses _____

17. Do you operate any aircraft or watercraft? YES NO

If yes, a separate application is required.

18. Do you charter, rent or lease any aircraft or watercraft? YES NO

If yes, a separate application is required.

19. Do you engage in any of the following operations?

- | | |
|---|---|
| <input type="checkbox"/> demolition or wrecking | <input type="checkbox"/> use of explosives |
| <input type="checkbox"/> shoring | <input type="checkbox"/> raising or moving |
| <input type="checkbox"/> underpinning | <input type="checkbox"/> tunnelling |
| <input type="checkbox"/> caisson work | <input type="checkbox"/> welding (on premises/off premises) |
| <input type="checkbox"/> excavation | |

If yes, please provide full details of work undertaken: _____

20. (a) Does the Forest Fire Prevention Act apply? YES NO

(b) Do you have special agreements with the Department of Lands and Forests? YES NO

21. Provide claims experience for last three years, showing: Date, B.I. or P.D., Amount paid or outstanding. (Use back of form or separate sheet.)

22. State limits of liability required: _____

23. Deductible required: \$2,500 \$5,000 Other \$ _____

24. (a) Check coverage if required:

- | | |
|--|---|
| <input type="checkbox"/> Operations | <input type="checkbox"/> Tenant's Legal Liability |
| <input type="checkbox"/> Products & Completed Operations | <input type="checkbox"/> Contingent E.L. |
| <input type="checkbox"/> Contractor' Protective | <input type="checkbox"/> Broad Form Property Damage |
| <input type="checkbox"/> Owners Protective | <input type="checkbox"/> Non-owned Automobile |
| <input type="checkbox"/> Contractual (blanket) | <input type="checkbox"/> Employee Benefits Liability |
| <input type="checkbox"/> Occurrence basis P.D. | <input type="checkbox"/> World-wide Coverage - suits in Canada only |
| <input type="checkbox"/> Personal injury | |

(b) If non-owned automobile is required, please complete the following:

Employees	Number
(i) Class A (employee using private passenger or commercial vehicle)	_____
(ii) Class B (Partner/officer)	_____
(iii) Class C (Agent of insured)	_____

(c) Hired vehicles - Cost of hire \$ _____ Type of vehicle _____

25. Has any insurer cancelled, declined or refused to renew or issue insurance of the type applied for? YES NO

If yes, give reason: _____

Additional remarks:

**APPLICANT'S CONSENT TO THE TRANSMISSION OF THE
INFORMATION CONTAINED IN THE APPLICATION FORM**

I hereby authorize Petrela Winter & Associates to transmit the information contained herein to one or more Insurance Companies for the sole purpose of negotiating and obtaining an insurance policy.

Moreover, I authorize Petrela Winter & Associates to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

DECLARATIONS AND SIGNATURE

It is understood and agreed that the completion of this Application does not bind coverage.

Signature of Applicant

Date

Print Name