

## Commercial Liability Insurance Questionnaire

1. Name of Applicant \_\_\_\_\_
2. Address \_\_\_\_\_  
(Number) (Street) (City) (Prov.) (Postal Code)
3. Applicant's Trade or Business \_\_\_\_\_
4. Name, Addresses & Trade or Business of all Subsidiary Companies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. How long has Applicant been in business? \_\_\_\_\_
6. Description of operations or industry of the Applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. (a) Are any sales made or operations performed in the United States? ☐ Yes ☐ No  
If yes, give full details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (b) Are any sales made or operations performed outside of Canada or the United States? ☐ Yes ☐ No  
If yes, give full details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 8.

Location of all premises owned, rented or controlled by Applicant	Part occupied by Applicant	Area in Sq. Ft.	Interest of Applicant in such premises (owner, tenant, etc.)

9. Policy period desired from \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_.

**10. Limits of Liability Required:**

**Commercial General Liability**

Each Occurrence Limit \$ \_\_\_\_\_  
 Products - Completed Operations Aggregate Limit \$ \_\_\_\_\_  
 Personal Injury Limit \$ \_\_\_\_\_  
 Tenants Legal Liability Limit \$ \_\_\_\_\_ Any on Premises  
☐ Broad Form (check if coverage applicable)  
 Medical Expense Limit \$ \_\_\_\_\_ Any one Person  
 (Inclusive limit  
 for bodily injury and  
 property damage combined)  
 Non-Owned Automobile \$ \_\_\_\_\_

**11. Operations**

(a) Describe fully and break down the types of operations and work performed by the Applicant:

Operations	Number of Employees	Estimated Annual Payroll	Estimated Gross Receipts for Coming Year

(b) Does the Applicant handle, use or perform in any of the following operations?

	Yes	No		Yes	No		Yes	No
Demolition or Wrecking	<input type="checkbox"/>	<input type="checkbox"/>	Gases	<input type="checkbox"/>	<input type="checkbox"/>	Pile Driving	<input type="checkbox"/>	<input type="checkbox"/>
Underpinning	<input type="checkbox"/>	<input type="checkbox"/>	Liquified Petroleum	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>	Radioactive Materials	<input type="checkbox"/>	<input type="checkbox"/>	Explosives	<input type="checkbox"/>	<input type="checkbox"/>
Tunnelling	<input type="checkbox"/>	<input type="checkbox"/>	Shoring	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tarring	<input type="checkbox"/>	<input type="checkbox"/>
Welding	<input type="checkbox"/>	<input type="checkbox"/>	Caisson Work	<input type="checkbox"/>	<input type="checkbox"/>	Natural Gas	<input type="checkbox"/>	<input type="checkbox"/>
Blasting	<input type="checkbox"/>	<input type="checkbox"/>	Raising or Moving of Pesticides				<input type="checkbox"/>	<input type="checkbox"/>
Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	Structures	<input type="checkbox"/>	<input type="checkbox"/>			

If yes, describe in full: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 12. Products

(a) Estimated annual sales/receipts for each product manufactured, sold, handled or distributed by the Applicant:

Description of Product	Sales/Receipts		
	Canada	United States	Other (Specify)

(b) Does Applicant manufacture the complete product? ☐ Yes ☐ No

If "no", what component parts are purchased by Applicant? \_\_\_\_\_

(c) Does Applicant assemble the product? ☐ Yes ☐ No

(d) Does Applicant maintain and/or service the products? ☐ Yes ☐ No

If so, state receipts from the source. \$ \_\_\_\_\_

Do any of the Applicant's products require mixing, blending, altering, repackaging or re-labelling by others?

☐ Yes ☐ No

If yes, state details: \_\_\_\_\_

\_\_\_\_\_

(e) Are any of Applicant's products inflammable or explosive? ☐ Yes ☐ No

If yes, state details: \_\_\_\_\_

\_\_\_\_\_

(f) Are any of Applicant's products toxic or poisonous either by themselves or in combination with other materials?

☐ Yes ☐ No

If yes, state details: \_\_\_\_\_

\_\_\_\_\_

(g) Do any of these products Applicant now sells or ever has sold contain asbestos? ☐ Yes ☐ No

If yes, state details: \_\_\_\_\_

\_\_\_\_\_

(h) Does Applicant issue guarantees and/or warranties to purchasers? ☐ Yes ☐ No

If yes, state details: \_\_\_\_\_

\_\_\_\_\_

(i) Does Applicant agree to hold both dealers or distributors or suppliers harmless against claims or suits for personal injuries or property damage in connection with Applicant's products? ☐ Yes ☐ No

- (j) Is Applicant's product accompanied by any written brochures, labels, instructions or other written statements? ☐ Yes ☐ No
- (k) Are Annual Reports and/or product brochures available? ☐ Yes ☐ No  
If yes, please attach.
- (l) Does Applicant maintain quality control procedures? ☐ Yes ☐ No  
If yes, please give brief outline of such procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (m) Does Applicant maintain complete inventory records, shipment records and/or delivery records to consignees and are serial and/or batch numbers shown on the finished product and on shipment invoices? ☐ Yes ☐ No
- (n) Can the date of manufacture of each product, be identified by the factory number stamped on it? ☐ Yes ☐ No
- (o) Has Applicant ever recalled any products for any reason or been ordered to so by any Government Authority? ☐ Yes ☐ No
- (p) Have any products been withdrawn or discontinued during the past five years? ☐ Yes ☐ No  
If yes, state details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (q) What will be the end use of these products? \_\_\_\_\_  
\_\_\_\_\_

### 13. Contractual or Assumed Liability

- (a) Describe all contracts or agreements giving the date of such instruments, name(s) of other contracting parties and the contract costs involved, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: Submit copies of the hold-harmless provisions of all instruments.**

**It is not necessary to list easement agreements not in connection with railroad grade crossings, agreements required by municipal ordinance not involving work for the municipality, lease of premises agreements or elevator or escalator maintenance agreements.**

- (b) Does the Applicant ever assume liability for the sole negligence of indemnities? ☐ Yes ☐ No  
(i.e. the other contracting party)

If "yes", attach copies of the agreement(s) and give details as to the qualifications, experience, insurance coverages and limits of all such indemnities.

- (c) Does the Applicant ever enter into purchase order agreements with distributors or others which contain any element of contractual/assumed liability? ☐ Yes ☐ No

If "yes", attach copies of such purchase order forms.

#### 14. Protective Liability

- (a) Does the Applicant let or sublet any work to independent contractors? ☐ Yes ☐ No  
 If yes, what is the annual cost of work let? \$ \_\_\_\_\_ Sublet? \_\_\_\_\_  
 Describe the types of work let or sublet: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- (b) Are independent contractors who perform work on behalf of the applicant required to carry commercial general liability insurance including products/completed operations coverage? ☐ Yes ☐ No  
 If yes, what does the applicant consider to be the minimum acceptable limit(s) of liability (i.e. amount of coverage)? \$ \_\_\_\_\_
- (c) Are liability insurance certificates secured from all independent contractors before they are allowed to begin working? ☐ Yes ☐ No
- (d) Does the Applicant enter into formal contractual agreements with independent contractors? ☐ Yes ☐ No  
 If yes, do these agreements contain a "hold-harmless" provision in the Applicants favor? ☐ Yes ☐ No

#### 15. Professional Liability

- Does the Applicant have other professional errors or omissions or malpractice exposure? ☐ Yes ☐ No  
 If yes, describe in full: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### 16. Worker's Compensation

- (a) Are all employees covered by Worker's Compensation? ☐ Yes ☐ No  
 If no, please explain: \_\_\_\_\_  
 hshs \_\_\_\_\_
- (b) Does Applicant comply with all Workplace Hazardous Materials Information System (WHMIS) regulations? ☐ Yes ☐ No  
 If no, please explain: \_\_\_\_\_

#### 17. Liquor Liability

- Do Applicant's operations include the serving of alcoholic beverages? ☐ Yes ☐ No  
 If yes, describe in full: \_\_\_\_\_  
 \_\_\_\_\_

#### 18. Aircraft & Watercraft

- (a) Does the Applicant own, lease or operate any aircraft and/or watercraft? ☐ Yes ☐ No  
 If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_

## 19. Non-Owned Automobile

(a) The partners', officers', employees' and agents' vehicles operated in the Applicant's business are as follows:

Location	Partners, Officers and Employees who regularly use automobiles not owned by the Applicant in his business		All Other Partners & Employees	All Applicant's Agents
	Number of Class "A1"	Number of Class "A2"	Number of Class "B"	Number of Class "C"

(b) Hired automobiles or vehicles leased by the Applicant are as follows:

Type of Automobile	Estimated Cost of Hired or Leased

(c) Automobiles operated under contract on behalf of the Applicant are as follows:

Type of Automobile and Description of Use	Estimated Contract Cost

Limits carried on underlying policies:

Policy	Limit

20. Are there any swimming pools, saunas, gym and other recreations or athletic activities? ☐ Yes ☐ No  
If yes, advise type, number and other activities: \_\_\_\_\_

21. Give details of all liability insurance carried during past three years:

Type of Policy	Policy Number	Company	Expiry Date	Limits

22. Give details of all claims against the Applicant during the past five years:

Date of Accident	Amount		Details
	Paid	Outstanding	

23. Do these paid or outstanding amounts reflect any deductible provision(s) contained in existing or previous insurance policies?

☐ Yes ☐ No

If yes, to what coverage(s) does/did the deductibles apply and what is/was the deductible amount?

\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for contract of insurance to be based upon the truth of the said statements.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Applicant**

**Broker** \_\_\_\_\_