

PLEASE ANSWER ALL QUESTIONS AND LEAVE NO BLANK SPACES. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, KINDLY APPEND A SEPARATE PAGE WITH YOUR DETAILED ANSWERS.

## APPLICANT

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Location of Branch Office(s): \_\_\_\_\_
4. Date established: \_\_\_\_\_
5. Website: \_\_\_\_\_

## COMMERCIAL GENERAL LIABILITY

**CGL is offered only to Applicants whose E&O insurance is placed with Intact Insurance Company.**

6. Please list all locations at which business is conducted, providing details indicated below:

Address	Rent or Own	Tenants' Legal Liability Limit Requested
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Please provide a full description of product sales, if any:

Type of Product	Estimated Current Fiscal Year
_____	_____
_____	_____

8. Are the employees covered by Workers' Compensation Board (WCB)? Yes ☐ No ☐  
If "No", please explain: \_\_\_\_\_

## COMMERCIAL GENERAL LIABILITY COVERAGE REQUESTED

9. Please indicate the limits for which quotes are required:

- ☐ \$1,000,000 per occurrence  
☐ \$2,000,000 per occurrence  
☐ \$5,000,000 per occurrence  
☐ Other (please specify) \_\_\_\_\_

## EXTENSIONS

10. (a) ☐ Non-owned Automobile Liability Limit: \_\_\_\_\_

If non-owned automobile liability is required, please respond to the following questions:

- (i) Please indicate the number of employees who regularly drive their own vehicle on company business:

\_\_\_\_\_

- (ii) Please indicate the approximate number of "rental days" in the next 12 months that your employees will rent a vehicle (short term) for the purpose of conducting company business in:

Canada: \_\_\_\_\_ United States: \_\_\_\_\_

- (b) ☐ Employee Benefits Liability Limit: \_\_\_\_\_

## PREVIOUS COMMERCIAL GENERAL LIABILITY INSURANCE

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11. (a) Name of Present Insurer: \_\_\_\_\_  
(b) Policy Period: \_\_\_\_\_  
(c) Limit and Deductible: \_\_\_\_\_

12. Has any insurer cancelled, declined or refused to renew or issue insurance of the type applied for? Yes ☐ No ☐

If "Yes", please provide details:

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## CLAIMS HISTORY – Applicable to Commercial General Liability.

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13. Please provide details (date, nature of claims, amounts, status) of all Commercial General Liability Insurance claims that you have experienced in the past three years. Use additional pages if necessary.

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## DISCLOSURE, AUTHORIZATION AND SIGNATURE

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I/We hereby declare for and on behalf of the Applicant Firm and each and every one of its members to be insured, that to the best of my/ our knowledge, the above statements and particulars in this application are true and complete and that I/we have not omitted, suppressed or misstated any material facts. I/we agree that this application, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected therefrom. I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance. Furthermore, I/we understand and accept that this insurance applied for provides coverage on a "claims made and reported" basis and that coverage under the policy, if issued, shall not apply to any known claim or circumstance that could reasonably give rise to a future claim that is known to myself, the Applicant Firm or its members prior to the inception date of the policy nor to any claim or circumstance reported after the expiration, cancellation or termination of the policy.

I/We also give authorization to Intact Insurance Company, its affiliates, agents and representatives to verify, obtain and exchange any information in connection with the insurance applied for in this application. This consent is valid with respect to any policy extension and/or renewal of coverage with Intact Insurance Company, or any of its affiliates.

**SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO COMPLETE THE INSURANCE APPLIED FOR HEREIN.**

Applicant name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Applicant title: \_\_\_\_\_

**IMPORTANT:** This type of insurance coverage applies only to claims made and reported to Intact Insurance Company (Intact) during the policy period. Coverage does not apply, however, to claims that arise out of errors, omissions or negligent acts or facts or circumstances that may reasonably give rise to a claim at a future date that are known to the Applicant at the time when this application is signed and dated. Therefore, if the Applicant is currently insured by an insurer other than Intact, it is incumbent upon the Applicant to report all known circumstances which may give rise to an eventual claim to that insurer. Please refer to your insurance broker if you do not understand the foregoing.