



## COMMERCIAL GENERAL LIABILITY APPLICATION

### APPLICANT DETAILS

Name of Applicant \_\_\_\_\_

Business Type:  Corporation  Partnership  Limited Liability Partnership

Non Profit Corporation  Individual  Joint Venture

Other (Specify) \_\_\_\_\_

Company Website Address: \_\_\_\_\_

Address of Applicant: (Mailing Address)

Street \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address of Applicant: (Physical Address – if different from mailing address)

Street \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_

Desired Coverage Effective Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

### DESCRIPTION OF BUSINESS & OPERATIONS

Please describe fully and attach separate sheet if necessary

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

TCB Underwriters Ltd., 64 Allan Drive, St. Catharines, ON L2N 1E9 [www.tcbunderwriters.com](http://www.tcbunderwriters.com)

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How many years have you been in business? \_\_\_\_\_

If business is less than 3 years old, please provide details of the Principal(s) experience (attach separate sheet if necessary):

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**PRIOR INSURANCE INFORMATION**

Carrier: \_\_\_\_\_ Policy No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Expiring Premium: \$ \_\_\_\_\_

Expiring Limit: \$ \_\_\_\_\_ Claims Made or Occurrence: \_\_\_\_\_

If claims made, indicate retro date: \_\_\_\_\_

Has any insurance been cancelled or declined in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please describe?

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**CLAIMS EXPERIENCE**

Please provide 5 year claims experience including details of any incidents or events known to the Applicant that may give rise to a claim (Attach separate sheets as necessary)

Date	Description	Reserve Amount	Paid	Expense	Status – Open / Closed
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

		\$	\$	\$	
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Estimated annual payroll and # of employees:

(a) Administrative \$ \_\_\_\_\_ # \_\_\_\_\_

(b) Sales \$ \_\_\_\_\_ # \_\_\_\_\_

(c) Operations \$ \_\_\_\_\_ # \_\_\_\_\_

Give number and types of employees that are not covered by Workers Compensation:

# \_\_\_\_\_ Type \_\_\_\_\_

Payroll of these employees? \$ \_\_\_\_\_

Does the Applicant use volunteers? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, how many? # \_\_\_\_\_

How are they screened? \_\_\_\_\_

Do you provide accident cover for volunteers? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PREMISES LIABILITY INFORMATION**

Please describe each location owned and/or occupied by the Applicant that is to be covered by this insurance:  
(Attach separate sheets as necessary)

<u>ADDRESS</u>	<u>SQUARE FT</u>	<u>OCCUPANCY</u> (ex. insured/ tenant/vacant)	<u>TLL REQ'D</u>	<u>TLL LIMIT REQ'D</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

If Tenants Legal Liability is required for any location please provide C.O.P.E. details.

\_\_\_\_\_

\_\_\_\_\_

Does the applicant obtain evidence of insurance from all tenants? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are any premises located outside of Canada? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Specify where: \_\_\_\_\_

**PRODUCTS AND OPERATIONS LIABILITY INFORMATION**

Please fully describe ALL activity performed off premises by the Applicant including any installation and service work performed (Attach separate sheets if necessary)

OPERATION	CANADIAN	U.S.	OTHER	

Is any work performed outside of Canada? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please specify where:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please fully describe ALL Products that are manufactured, imported and/or distributed by the insured or others (Attach separate sheet if necessary)

Type of Product Manufactured or Distributed

Gross Annual Receipts  
Current Year                      Prior year

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Are any of the above products manufactured by others? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are any of the above listed products or component parts used by the Applicant manufactured outside Canada?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If Applicant's products are manufactured by others, does the Applicant package, label, alter or test the products in any way?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", provide details. \_\_\_\_\_

Has any product been discontinued, or has a product recall been ordered, during the last five years? \_\_\_\_\_  
Yes \_\_\_\_\_ No  
If "Yes", provide reasons, dates, lists of products, and areas of product distribution. \_\_\_\_\_

Are instruction manuals provided to indicate correct use, inherent hazards, maintenance requirements, assembly and installation precautions and other data relating to product safety? Attach copy of manuals. \_\_\_\_\_ Yes  
\_\_\_\_\_ No

Are all products labeled clearly to indicate contents, instructions for use, warnings of potential hazard and emergency actions? Attach copy of labels. \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the Applicant a member of any industry standard association? \_\_\_\_\_ Yes \_\_\_\_\_ No if  
yes, please indicate which association \_\_\_\_\_

Are all products labeled and marked in compliance with government regulations? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are records maintained of batches, lots, runs, etc., to enable identification of a particular group of products that may be found defective? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does a product recall program exist? \_\_\_\_\_ Yes \_\_\_\_\_ No If  
"Yes", describe procedures.  
\_\_\_\_\_

Does the Applicant enter into written contractual agreements with its distributors, suppliers, assemblers, packagers, installers or other service providers? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, is a Hold Harmless clause used? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Is this in Favor of the Applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the Applicant obtain evidence of insurance from their distributors, suppliers, assemblers, packagers, installers or other service providers? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what Liability limit is requested \$ \_\_\_\_\_

What percentage of annual revenues are sub-contracted out to third parties? \_\_\_\_\_%

Type of work sub-contracted out?  
\_\_\_\_\_  
\_\_\_\_\_

Are Certificates of Insurance obtained from all sub-contractors? \_\_\_\_\_ Yes \_\_\_\_\_ No If  
yes, specify limits: \$ \_\_\_\_\_

\_\_\_\_\_ TCB Underwriters Ltd., 64 Allan Drive, St. Catharines, ON L2N 1E9 [www.tcbunderwriters.com](http://www.tcbunderwriters.com)  
\_\_\_\_\_ [m](http://www.tcbunderwriters.com)

Does the Applicant enter into written contractual agreements with its sub-contractors? \_\_\_\_\_  
 Yes \_\_\_\_\_ No

If yes, is a Hold Harmless clause used? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Is this in Favor of the Applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No

**ADVERTISING LIABILITY**

Describe all advertising activities contemplated for the following year (12 month) period:

\_\_\_\_\_

\_\_\_\_\_

Does the Applicant have a contract in place with any Advertising agency? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If Yes, do they provide insurance to protect their client interest? \_\_\_\_\_ Yes \_\_\_\_\_ No

**NON-OWNED AUTOMOBILE LIABILITY**

Number of employees that would use their automobile on company business:

Regularly (3 or more days per week) # \_\_\_\_\_  
 Occasionally (up to 2 days per week or less) # \_\_\_\_\_

Estimated annual cost of hired automobiles: \$ \_\_\_\_\_

Estimated annual cost of automobiles operated under contract: \$ \_\_\_\_\_

DOES THE APPLICANT ENGAGED OR PARTICIPATE IN ANY OF THE FOLLOWING OPERATIONS OR ACTIVITIES?

OPERATION / ACTIVITY	YES	NO
Aircraft Products or any airport work		
Asbestos, lead, oil, UFFI or PCB abatement		
Construction, shoring, excavation, tunneling or underpinning work, Demolition or wrecking		
Day care, Camps, Religious or Educational facilities		
Elderly, Nursing, or Health care / rehabilitation facilities		
Liquor sales or host liquor liability		
Landfill Operator		
Railroads		
Pesticide, herbicide or fertilizer application		
Raising or moving of buildings and structures		
Inflammable, Caustic or Explosive Substances – manufacturing, distribution, sales or storage		
Mould Abatement		
Welding Work		

Snow Removal		
Locksmith Work		
Pyrotechnic or Fireworks - manufacturing, distribution, storage or sales		
Bodyguard or Bouncing Work		
Security Services work including alarm install, nightclub bouncing, monitoring and security guard work or any kind		

**COVERAGE REQUIRMENTS**

**Commercial General Liability**

Limits of Liability Required: \$\_\_\_\_\_ each occurrence  
 Personal Injury and Advertising Injury Limit \$\_\_\_\_\_ any one person or organization  
 Medical expense Limit \$\_\_\_\_\_ any one person  
 General Aggregate Limit \$\_\_\_\_\_  
 Products & Completed Operations Aggregate limit \$\_\_\_\_\_

Deductible: \$\_\_\_\_\_ per occurrence

Additional Coverage's

Increased Non-owned Automobile Limit \$\_\_\_\_\_

Increased SEF 94 Limit \$\_\_\_\_\_

Increased Deductible \$\_\_\_\_\_

Forest Fire Fighting Expense Limit \$\_\_\_\_\_

Contingent Employers Liability Limit \$\_\_\_\_\_

**ADDITIONAL INFORMATION**

Please use this space for any additional information that would be helpful to the underwriter when considering this application for coverage:

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This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued by TCB Underwriters Ltd.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY APPLICATION FOR INSURANCE AND FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS AND DETERMINE CLAIMS HISTORY OF THE APPLICANT.

Signature of the Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_

Print full Name and Title / Position: \_\_\_\_\_

BROKER NAME: \_\_\_\_\_

BROKERAGE NAME: \_\_\_\_\_

BROKERAGE ADDRESS: \_\_\_\_\_

BROKER PHONE NUMBER: \_\_\_\_\_ BROKER FAX NUMBER: \_\_\_\_\_

BROKER EMAIL: \_\_\_\_\_