



**COMMERCIAL (GENERAL) LIABILITY**  
**Do Not Use For Contracting or Manufacturing Risks**  
**Use Specific Applications Available**

**PLEASE ANSWER ALL QUESTIONS**  
**IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS**

1. **Name of Applicant** (And all Subsidiaries):

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2. **Mailing Address:**

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**Website Address:**

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3. How long has applicant been in business under the above name?

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4. Description of Business Operations:

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5. **Estimated Annual Payroll**

a) Clerical & Administrative:

\$

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b) Salesmen (In and Out):

\$

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c) Plant:

\$

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d) Installation or erection:

\$

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e) Servicing:

\$

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f) Warehouse, including shipping:

\$

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Are all employees covered under WSIB?

Yes  No

If No, please list numbers by job description and estimated payroll.:

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6. **Sales and/or Revenue** (Please provide brochures and sales literature, if available)

Nature of goods sold or nature of services provided (Please provide breakdown of total sales/revenue by goods or services) *In Canadian Currency*

Type of Goods Sold/Nature of Services	Sales/Revenue
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of all sales/revenue receipts including work done on your behalf by independent contractors:

\$ \_\_\_\_\_

Percentage of U.S. or foreign sales included above and percentage to each country.

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Do you have any operations or do any work outside Canada?

Yes  No

If Yes, please describe and list countries:

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7. **Independent Contractors** (give estimated cost or work given to independent contractors):

a) As owner of buildings, repair & maintenance: \$ \_\_\_\_\_

b) As general contractor or contractor: \$ \_\_\_\_\_

c) Others – describe: \_\_\_\_\_

Do you require all contractors or sub-contractors to provide proof of liability insurance?  
If Yes, what limit?

Yes  No

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8. **Buildings or Premises** *(Please list on separate sheet if more space is required):*

All Locations:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

9. If owned by applicant, give area occupied by:

YOU: a) \_\_\_\_\_

OTHERS: a) \_\_\_\_\_

b) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

c) \_\_\_\_\_

If rented by applicant, give:

AREA OCCUPIED: a) \_\_\_\_\_

ANNUAL RENT: a) \$ \_\_\_\_\_

b) \_\_\_\_\_

b) \$ \_\_\_\_\_

c) \_\_\_\_\_

c) \$ \_\_\_\_\_

10. Elevators (owned or for which you are responsible by lease agreement)

Location(s): \_\_\_\_\_

Number: \_\_\_\_\_ Type (passenger a/o freight elevator)

11. **Contractual Liability**

a) Railway sidings, crossings or right-of-ways; give name of railway company, number and locations:

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

b) Other agreements whereby liability is assumed. Give nature and submit copies:

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

12. **Special premises or operations hazards** *(Give description on separate sheet where necessary)*

a) Watercraft:  Owned  Chartered

Type: \_\_\_\_\_

Number: \_\_\_\_\_

Length: \_\_\_\_\_

H.P.: \_\_\_\_\_

b) Private docks or wharfs:

Locations: \_\_\_\_\_

Number: \_\_\_\_\_

c) Swimming Pools:

Locations: \_\_\_\_\_

Number: \_\_\_\_\_

Size: \_\_\_\_\_

Receipts: \_\_\_\_\_

d) Private Roads:

Locations: \_\_\_\_\_

Number: \_\_\_\_\_

Mileage: \_\_\_\_\_

Receipts: \_\_\_\_\_

e) Mechanical Truck loading or unloading facilities:

\_\_\_\_\_

f) Radioactive Material:

Nature: \_\_\_\_\_

Use: \_\_\_\_\_

g) Number of aircraft leased or chartered during the year: \_\_\_\_\_

h) Give description and location of any dams, reservoirs, private railroads:  
\_\_\_\_\_

i) Give description and location of any river, pond or other body of water:  
\_\_\_\_\_

13. Does applicant presently carry insurance?  Yes  No  
If Yes, who is the present insurer:  
\_\_\_\_\_

Premium: \$ \_\_\_\_\_

Limit: \$ \_\_\_\_\_

Is the present insurance Claims Made?  Yes  No  
If Yes, state retro date: \_\_\_\_\_

Are they willing to renew?  Yes  No  
If No, please explain:  
\_\_\_\_\_

Does the policy cover all operations of the Insured?  Yes  No  
If No, please describe:  
\_\_\_\_\_

14. **Claims History:**

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you?  Yes  No  
 If yes, give details:

15. **Non-Owned Automobile**

Number of employees using their automobile on company business:

Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_

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

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

*(Please provide details):*

16. **Accident Prevention and First Aid**

First Aid Post: Doctors: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Nurses: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Fire alarm – other warning systems: \_\_\_\_\_

Is there a security officer or are there loss prevention engineers employed:

Yes  No

17. Please indicate limit(s) of liability required: \_\_\_\_\_

**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 YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.**

\_\_\_\_\_  
Signature of Applicant (authorized representative)

\_\_\_\_\_  
Date

SUBMITTED BY: \_\_\_\_\_

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

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**