

Is water produced by Insured?
If not, by whom is it produced and what is Insured's consumption in daily gallons:

Yes No

If Yes, what is water distribution in daily gallons: _____

Electricity distribution receipts (if any): _____

Gas distribution receipts (if any): _____

Number of arenas and capacity of each: _____

Number of community centers and capacity of each: _____

Number of parks with playgrounds: _____ Number of parks without playgrounds: _____

Number of stadiums and capacity of each: _____

Number of skating rinks: Indoor: _____ Outdoor: _____

Number of pools: Indoor: _____ Outdoor: _____

Number of tennis courts: _____

Skiing facilities (describe in detail if any): _____

Campgrounds (describe in detail if any): _____

Beaches (describe in detail if any): _____

Dumpsites: _____

Quarries: _____

Dams (describe if any): _____

Bridges (describe if any): _____

Exhibition & fair grounds: _____

Empty lots: _____

Marinas: _____

Airports: _____

7. **Sub-Contractors (Annual Cost)**

Street cleaning _____ Snow removal _____
 Garbage collection _____ Construction of streets and roads _____
 Repair of streets and roads _____
 Others (specify): _____

8. **Claims Experience (Attach List)**

~ **IMPORTANT** ~

The list must provide the last five (5) years claims history and include the following details:

Date of Loss: _____ Claimant: _____

Description and Loss status: _____

Reserve: _____

Amt. paid for claim: _____ Amt. paid for adjusting fees: _____

9. **List of Underlying Policies**

Type	Insurer	Expiration	Limit	Annual Premium
General Liability				
Automobile				

10. **Vehicles**

Private Passenger(s): _____ Police Car(s): _____
 Heavy Truck(s): _____ Firetruck(s): _____
 Light Truck(s): _____ Other(s): _____

11. Do any of the Underlying Insurance policies contain coverage for Cyber Risk? Yes No

If Yes please advise:

1) Type of Policy with Coverage: _____
 2) Policy number: _____
 3) Limit of Liability: _____

If standalone Cyber Policy carried:

1) Insurance Carrier: _____

2) Policy number: _____

3) Term of Policy _____

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.markelintl.ca**