

Name of Applicant: _____

Mailing Address: _____

Location Address: _____

Applicant is: Individual Corporation Partnership Joint Venture Limited Liability Company

Any Subsidiaries: _____

COMMERCIAL GENERAL LIABILITY

1. Year Company Established: _____ Years of experience: _____

	Actual Gross Receipts for the past 12 months	Estimated Gross Receipts for the next 12 months
Canada		
US		

3. Description of Operations (Indicate approximate gross revenue for each of the following collected by the applicant for the past year):

Sales		Services	
Fuel – gas / diesel	\$	Valet services	\$
Propane or Natural Gas	\$	Vehicle storage	\$
Convenience Store	\$	Towing	\$
New cars / light trucks	\$	Repair shop	\$
Used cars / light trucks	\$	Mobile Repair	\$
Recreational vehicles	\$	Auto Body	\$
Heavy Trucks	\$	Detailing / Cleaning	\$
Motorcycles / Off Road Vehicles	\$	Car Wash	\$
Trailers / Campers / Motorhomes	\$	Rentals – vehicles or equipment	\$
Boats	\$	Rentals – property (tenants)	\$
Farm machinery	\$	Recycling / Salvage	\$
New Parts	\$	Auctioning	\$
Used Parts	\$	Import / Export	\$
Restaurant	\$	Other	\$
Other	\$		

Subcontracted Operations:

4. Describe any operations subcontracted to others: _____
5. Are certificates of insurance required from sub-contractors? Yes No
6. Do subcontractors name applicant as an additional insured on their policy? Yes No

REQUIRED CGL COVERAGE LIMITS:

Commercial General Liability	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$5,000,000
*** PLEASE NOTE – contains limited pollution coverage – refer to wording *** For specific Pollution Coverages refer to Environmental Impairment Liability application					

CYBER: The following coverages cannot be purchased on a standalone basis without CGL

7. Does the applicant follow the minimum standards under the PIPEDA or the respective PIPA requirements (encryption and firewalls in place)? Yes No
8. Does the applicant collect/retain any sensitive data or non-public personal information (For example: social insurance number, bank account details etc.) from their clients? Yes No

PROPERTY: The following coverages cannot be purchased on a standalone basis without CGL

9. Location to be Insured: _____
10. Distance to hydrant: _____ Distance to responding fire department: _____
11. Year Built: _____ # of Stories: _____ Square Footage (occupied by insured): _____
12. Building Construction: HCB/Masonry Frame Metal Clad Non Combustible Fire Resistive Other: _____
13. Heating: Gas Electric Oil Other: _____ Electrical: Breakers Fuses Other: _____
14. Latest Updates: Roof _____ Heat _____ Plumbing _____ Electrical _____
15. Other occupants in the building: _____

16. Burglary Alarm: Monitored Local No Fire & Smoke Alarm: Monitored Local No Sprinklered: Yes No
 17. Surveillance System: Yes No CO₂ Alarm: Yes No # of fire extinguishers (ULC certified): _____

PROPERTY COVERAGE SUMMARY:

Coverage	Limit	Deductible
Building - All Risk - Replacement Cost – 90% Co-Insurance	\$	\$
Contents of Every Description - All Risk - Replacement Cost – 90% Co-Insurance	\$	\$
Equipment - All Risk - Replacement Cost – 90% Co-Insurance	\$	\$
Stock - All Risk –Actual Cash Value	\$	\$
Miscellaneous Property Floaters		
- Computer Equipment (incl. Laptop)	\$	\$
- Tools	\$	\$
- Portable Equipment	\$	\$
Business Interruptions /Profits (12 months indemnity period)	\$	\$
Rental Income	\$	\$
Extra Expense	\$	\$
Earthquake (restrictions in Cresta Zone 1)		10%
Sewer Backup		\$2,500
Flood Coverage		\$10,000
Optional Coverages	Limit	Deductible
Equipment Breakdown – max per year	\$	\$
Crime	\$	\$

PREVIOUS INSURANCE:

18. Current Carrier: _____ Expiring CGL & Property Premium: _____ Expiry Date: _____
 19. Have you ever had insurance that's been cancelled/declined or non-renewed? Yes No
 If yes, please give full details: _____

LOSS HISTORY – ALL:

20. Indicate all claims or losses that may give rise to claims for the prior five years.

Check if no losses last five years

Date of Loss	Description of Loss	Amount Paid	Claim Status (Open or Closed)
		\$	
		\$	
		\$	

DECLARATION / CONSENT:

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Printed Name: _____ Position Held: _____
 Applicant's Signature: _____ Date: _____
 Brokerage: _____ Broker Name: _____
 Broker Email: _____ Broker phone: _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommauto@premiergroup.ca ****
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