

6. List all locations of operations, providing details indicated below as well as level of protection (for additional locations, attached a separate sheet):

Address	Rent or Own	Total Area (sq ft)	Age	No. of Stories	*Construction Type	Protection
1.						
2.						
3.						

*For Construction Type: Brick (masonry), Frame Construction, etc.

**For Protection Type: Fully Protected (FP), Semi-Protected (SP), Non-Protected (NP)

Fully Protected: Fire hydrant within 300 metres

Semi-Protected: Fire hall within 8 kilometres

Non-Protected: No fire hydrants

Complete Questions 7 and 8 only if Property Coverage is being requested.

7. If a building is over 25 years old, please state if the following items have been renovated:

	Item	Electric Wiring	Plumbing	Heating/AC	Roof	Elevators	Other (specify)
Location 1	Yes/No						
	Year						
Location 2	Yes/No						
	Year						
Location 3	Yes/No						
	Year						

8. Describe the fire and safety protection at each location:

Description	Fire Extinguishers	Smoke Detectors	Well Lit Exits	Local Fire Alarm	Central Station	Fully/partially Sprinklered
Location 1						
Yes/No						
Number						
Location 2						
Yes/No						
Number						
Location 3						
Yes/No						
Number						

COMMERCIAL GENERAL LIABILITY – OPERATIONS

Products and Services

9. (a) Describe in detail the operations of the Applicant:

	Description	% of Revenues
Services		
Products manufacturing by applicant		
Sales of products manufactured by others		
Other services/operations (e.g., rental income, etc.):		

(b) If the Applicant retails or wholesales any products, provide details including description of products, name and country of suppliers, and gross revenues: _____

(c) If the Applicant imports or distributes any products, provide details including description of products, name and country of suppliers, and gross revenues: _____

(d) If the Applicant does retail, wholesale, import or distribute any product, does the Applicant have agreements in place with the dealer, manufacturer or distributor which contain a hold harmless clause in the Applicants favour? Yes No

(i) Do said agreements require the dealer, manufacturer or distributor to carry CGL Insurance? Yes No

(ii) Do said agreements require the CGL policy to add the Applicant as an Additional Insured? Yes No

10. Does the Applicant ever install, service, demonstrate products or provide maintenance service? Yes No
If Yes, provide details: _____

11. Does the Applicant plan on any new products or services in the next 12 months? Yes No
If Yes, provide details: _____

12. Does the Applicant design any products for others? Yes No
If Yes, provide details: _____

13. Has the Applicant ever recalled any products? Yes No
If Yes, provide details of what and when: _____

14. Are all employees covered by applicable Worker's Compensation Insurance? Yes No
If No, indicate the number, location, and function of any employees not covered under a Workers' Compensation Insurance Program (provincial, federal or other):

15. Indicate the total number of employees: _____ Total Payroll: \$ _____

16. Does the Applicant have any operations conducted in the U.S.A.? Yes No
If Yes, provide details including type of premises, address, operations, revenue and number of employees domiciled in the U.S.A.: _____

17. Provide details of off premises operations and activities: _____

18. Does Applicant rent premises to others? Yes No
 If Yes, provide details including type of premises, address and rental income: _____

Gross Revenue

19. Provide total gross revenues for the applicable fiscal year (State if foreign currency is shown):

Fiscal Year Month ____ Day ____	Canada	U.S.A.	Foreign	Total Gross Revenues
Prior Year (actual)	\$	\$	\$	\$
Current Year	\$	\$	\$	\$
Estimated Next Year	\$	\$	\$	\$

Independent Contractors

20. (a) Does the Applicant use the service of sub-contractors for any services or products? Yes No
 If Yes, describe (include estimated annual cost): _____

(b) Does the Applicant use written agreements with these sub-contractors? Yes No
 If Yes, do these agreements contain hold harmless clauses in the Applicants favour? Yes No

(c) Does the Applicant require proof of E&O and CGL insurance from every subcontractor? Yes No

(d) Is the Applicant added as an Additional Insured to the subcontractor's CGL policy? Yes No

21. Describe any contracts or agreements where liability is assumed by the Applicant: _____

Tenants Legal Liability

22. List all rented premises to be insured:

Location(s)	Requested Amount(s) of Insurance
	\$
	\$
	\$
	\$

Watercraft and Aircraft Liability

23. (a) Does the Applicant own or lease any watercraft? Yes No
 If Yes, provide details (including Insurance details if any): _____

- (b) Does the Applicant own or lease any aircraft? Yes No
 If Yes, provide details (including Insurance details if any): _____

Non-owned Automobile Liability

24. (a) Provide number of employees using their own vehicles for company business (occasional or full-time use):
 Full-time: _____ Occasional: _____
 (b) How many vehicles are hired or borrowed each year on a short-term basis and for what purpose?
 Canada: _____ U.S.A.: _____
 (c) Are any non-owned vehicles used for company business in the U.S.A.? Yes No
 If Yes, provide details: _____

Advertising Activities

25. (a) Annual advertising expenditures, including website operating budget: \$ _____
 (b) Are services of an advertising agency used? Yes No
 If Yes, is Proof of Insurance provided? Yes No
 (c) Does the Applicant participate in any trade shows, exhibits, conventions: Yes No
 If Yes, provide details: _____

Liability Insurance History

- 26 Has any insurance been refused or cancelled in the past five years? Yes No
 If Yes, provide details: _____

27. In the past five years, has the Applicant had any claim (include closed and open claims and incidents)? Yes No
 If Yes, please provide the following details on a separate sheet:
 (a) Date of Claim
 (b) Claimant's Name
 (c) Nature of Claim
 (d) Amount of Damages / Defence Costs incurred by or on behalf of the Applicant in respect thereof
 (e) Current Status of Claim

It is understood and agree that this Application is provided in conjunction with an application form for other Corporate Risk Insurance placed through Trisura Guarantee Insurance Company. It is subject to the same provisions concerning representations as made in the other Application for Insurance.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

Applicant	Date
Signature	Title