

## International

## Commercial General Application (Manufacturing / Wholesale / Retail )

Applicant Information				Broker Information				
Named Insured:				Brokerage Insured:				
Addr	ess of Insu	ıred:		Address of Brokerage:				
Desir	ed Effectiv	ve and Expiration Dates:		_ Contact Name:				
Requ	ested Qua	ote Date:		Phone No.:	Fax No.:			
Busin	ness Websi	ite:		Email Address:				
Applic	cant is:	A corporation	○ A partnership	○ An individual	Other			
Applic	cant is:	○ Manufacture	○ Wholesaler	O Retailer	O Importer			
		ation Information usiness operations:						
	diary Com							
a. Na	ame and a	ddress of companies: _						
De	escription (	of operations:						
Ar	nnual payro	oll:		Annual sales:				
		panies covered under this exceptions – Use extra p		○ Yes	_			
		•		roducts – provide year when o reports, product safety surve				
Total e	estimated	Canadian sales/revenue,	/payroll split:					

otal estimate	d Foreign sales/rever	nue/payroll split:					
oluntary WC	– No. of employees in	n Canada (excluded b	y provincial WC)	:			
oluntary WC	– No. of employees in	n Canada (excluded b	y provincial WC)	:			
nsurance hist	ory (including foreign	policies and those po	licies under a di	fferent name or ope	ration):		
Carrier	Policy No.	Policy Type	Retro Date	Eff. Exp. Date	e General Aggregat		al Premiun
		○ Claims Made ○ Occurrence					
		○ Claims Made ○ Occurrence					
		○ Claims Made ○ Occurrence					
		○ Claims Made ○ Occurrence					
		Claims Made Occurrence					
Describe insu	red and uninsured los	Occurrence  ng foreign policies an  sses from the ground t	d those incurred up, including de	l under a different n fense cost)	ame or operatio	ons:	Claim
Describe insu		Occurrence	d those incurred up, including de <b>on of</b>	d under a different n	ame or operatio	ons:	Claim Status
Describe insu	red and uninsured los	Occurrence  ng foreign policies an asses from the ground to the Type/Description	d those incurred up, including de <b>on of</b>	l under a different n fense cost)	ame or operatio	ons:  Amount	Status  Open
Describe insu	red and uninsured los	Occurrence  ng foreign policies an asses from the ground to the Type/Description	d those incurred up, including de <b>on of</b>	l under a different n fense cost)	ame or operatio	ons:  Amount	Status Open Close Open
Describe insu	red and uninsured los	Occurrence  ng foreign policies an asses from the ground to the Type/Description	d those incurred up, including de <b>on of</b>	l under a different n fense cost)	ame or operatio	ons:  Amount	
	red and uninsured los	Occurrence  ng foreign policies an asses from the ground to the Type/Description	d those incurred up, including de <b>on of</b>	l under a different n fense cost)	ame or operatio	ons:  Amount	Status Open Close Open Close Open Open

Are you aware of any other incidents, which may result in claims against you? If yes, please explain:

Any policy cancelled or non-renewed during past three years? If yes, please explain:

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Casualty Application		
Commercial General Lia	ability	
List and describe any physic	al operation overseas such as sales offices, manufacturing plants, warehouses, etc.:	
Provide physical address for		
Products and Services		
<b>Products and Sales Dates</b>	Total Sales Product % of Total Sales No. of	of Units Sold
Past 12 months		
1 <sup>st</sup> Year		
2 <sup>nd</sup> Prior Year		
3 <sup>rd</sup> Prior Year		
4 <sup>th</sup> Prior Year		
Principal end users:		
Wholesalers:		
What is the percentage of th	ne total sale for replacement parts? Do you import products or component parts? (	○Yes ○N
Are products sold overseas?	?	○Yes ○N
If yes, please list countries a	nd describe:	
Do you make or handle proo other materials?	ducts that are explosive, flammable or poisonous either by itself or in combination with	○Yes ○N
Are any of your products sol	ld under another's name or label?	○Yes ○N
Do you purchase materials o	or components for others?	○Yes ○N
Any discontinued or sold op	perations?	○Yes ○N

○ Yes ○ No

 $\bigcirc$  Yes  $\bigcirc$  No

○ Yes ○ No

Please explain all of the above "Yes" answers:

Do you assemble your products?

Do you maintain or service your product?

Do you supervise or furnish instructions for installation?

If you maintain or service your products, please attach copy of the standard contract?

Trips	Country of Destination	No. of Trips	Travel Duration	Type of Employee (TCN, LN, US or CDN Employee)	Occupation	Country of Origin (TCN only)	Total No. of Employees per Trip
1							
2							
3							
4							

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Foreign Based Employee Details:					
Country	Job Class (Sales, Mfg, etc.)	Annual Pay	roll Type (US	S/CDA Employee,	TCN, LN)
What is maximum number of emp					
What is maximum number of emp	loyees working at the same loc	ation or staying	at the same hotel?		
Describe any security precautions	undertaken for employees:				
Domestic WC experience mod: _					
Domestic we experience mod					
<b>Business Travel Accidental Death</b>	n & Dismemberment Endorse	ment			
○ \$ 100,000 Principal Sum / \$ 500	,000 Aggregate Limit C	ther			
Type of Coverage Required		N	o. of Individuals pe	r Trip No. of D	Days Traveling
US/Canadian Nationals?	○ Yes	○No —			
Third Country Nationals?	○Yes	○No _			
Dependent Spouse?	○Yes	○No _			
Dependent Children?	○ Yes	○No _			
Foreign Business Auto Coverage	e (Excess/DIC only) – Limit			\$ 1,000,000	\$ 2,000,000
Select: O Non-owned and hire	<b>d</b> Number of foreign rental	s: Loca	tion(s) of rentals:	Length of re	ental
Owned Number of	of vehicles: Locatio	on of vehicles: _			
Physical Damage Coverage - Ple	ase speak to your local under	auritar for limit	s and promium		
			•		
<b>Notice:</b> This application is for the the insurance. The Undersigned dother material information has been be disclosed to the host government herein changes between the date changes and the company reserve	eclares that to the best of his/hen withheld. The undersigned a ent. This form shall be the basis completed and the effective d	er knowledge, talso agrees that s of insurance shat ate of the insura	the statements set for the existence of any nould a policy be issu- nce, the undersigne	orth herein are true policy that may be ued. If the informat	and that no e issued will not tion supplied
<b>Fraud warning:</b> Any person who k insurance or statement of claim co concerning any fact material there penalties.	ontaining any materially false in	formation or, co	nceals, for the purpo	ose of misleading,	information
Signature:		Date:			

