



International

Commercial General Application (Manufacturing / Wholesale / Retail)

Applicant Information

Named Insured: _____

Address of Insured: _____

Desired Effective and Expiration Dates: _____

Requested Quote Date: _____

Business Website: _____

Broker Information

Brokerage Insured: _____

Address of Brokerage: _____

Contact Name: _____

Phone No.: _____ Fax No.: _____

Email Address: _____

Applicant is: A corporation A partnership An individual Other

Applicant is: Manufacture Wholesaler Retailer Importer

General Application Information

Description of business operations: _____

Subsidiary Companies

a. Name and address of companies: _____

Description of operations: _____

Annual payroll: _____ Annual sales: _____

b. Are all companies covered under this policy? Yes No

If no, list all exceptions – Use extra pages if necessary and indicate item number: _____

Describe all your products and services including discontinued products – provide year when discontinued:
(Attach brochures, catalogues, labels, instruction manuals, annual reports, product safety surveys, etc.)

Total estimated Canadian sales/revenue/payroll split: _____

Total estimated US sales/revenue/payroll split: _____

Total estimated Foreign sales/revenue/payroll split: _____

Voluntary WC – No. of employees in Canada (excluded by provincial WC): _____

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Insurance history (including foreign policies and those policies under a different name or operation):

Carrier	Policy No.	Policy Type	Retro Date	Eff. Exp. Date	General Aggregate	Total Premium
_____	_____	<input type="radio"/> Claims Made <input type="radio"/> Occurrence	_____	_____	_____	_____
_____	_____	<input type="radio"/> Claims Made <input type="radio"/> Occurrence	_____	_____	_____	_____
_____	_____	<input type="radio"/> Claims Made <input type="radio"/> Occurrence	_____	_____	_____	_____
_____	_____	<input type="radio"/> Claims Made <input type="radio"/> Occurrence	_____	_____	_____	_____
_____	_____	<input type="radio"/> Claims Made <input type="radio"/> Occurrence	_____	_____	_____	_____

Provide five year loss history including foreign policies and those incurred under a different name or operations:
 (Describe insured and uninsured losses from the ground up, including defense cost)

Date of Occurrence	Line	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status
_____	_____	_____	_____	_____	_____	<input type="radio"/> Open <input type="radio"/> Closed
_____	_____	_____	_____	_____	_____	<input type="radio"/> Open <input type="radio"/> Closed
_____	_____	_____	_____	_____	_____	<input type="radio"/> Open <input type="radio"/> Closed
_____	_____	_____	_____	_____	_____	<input type="radio"/> Open <input type="radio"/> Closed
_____	_____	_____	_____	_____	_____	<input type="radio"/> Open <input type="radio"/> Closed

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:

Casualty Application

Commercial General Liability \$ 1,000,000 OCC \$ 2,000,000 OCC Other: _____

List and describe any physical operation overseas such as sales offices, manufacturing plants, warehouses, etc.:

Provide physical address for each location:

Products and Services

Products and Sales Dates	Total Sales	Product	% of Total Sales	No. of Units Sold
Past 12 months	_____	_____	_____	_____
1 st Year	_____	_____	_____	_____
2 nd Prior Year	_____	_____	_____	_____
3 rd Prior Year	_____	_____	_____	_____
4 th Prior Year	_____	_____	_____	_____

Principal end users: _____

Wholesalers: _____% Retailer: _____% Consumer: _____%

What is the percentage of the total sale for replacement parts? _____ Do you import products or component parts? Yes No

Are products sold overseas? Yes No

If yes, please list countries and describe: _____

Do you make or handle products that are explosive, flammable or poisonous either by itself or in combination with other materials? Yes No

Are any of your products sold under another's name or label? Yes No

Do you purchase materials or components for others? Yes No

Any discontinued or sold operations? Yes No

Please explain all of the above "Yes" answers:

Do you assemble your products? Yes No

Do you maintain or service your product? Yes No

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

Do you supervise or furnish instructions for installation? Yes No

