

Commercial General Application (Manufacturing/Wholesale/Retail)



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Applicant Information

Named Insured: _____

Address of Insured: _____

Desired Effective and Expiration Dates: _____

Requested Quote Date: _____

Business Website: _____

Applicant is: A corporation A partnership

An individual Other

Applicant is: Manufacture Wholesaler

Retailer Importer

Broker Information

Brokerage Name: _____

Address of Brokerage: _____

Contact Name: _____

Phone No.: _____ Fax No.: _____

Email Address: _____

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): _____

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
		Claims Made Occurrence				
		Claims Made Occurrence				
		Claims Made Occurrence				
		Claims Made Occurrence				
		Claims Made 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
						Open Closed
						Open Closed
						Open Closed
						Open Closed
						Open 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
Do you supervise or furnish instructions for installation?	Yes	No	If you maintain or service your products, please attach copy of the standard contract?		
Packaging information required: Do you package your products?	Yes	No	Do you design your packaging?	Yes	No
How is the product packaged?			Is any sterile packaging involved?	Yes	No
Who supplies the packaging?			Do you package for others?	Yes	No
			Do they hold you harmless or insure you?	Yes	No

If this is a manufacturing risk, please skip the following Loss Prevention/Quality Control section and complete the supplementary application.

Loss Prevention/Quality Control

Have your products ever been subject to inquiry or investigation relative to product safety by any governmental agency?	Yes	No	Do you have a written products recall plan? (Are you able to identify when product was sold, when manufacture and the supplier)	Yes	No
Do you do your own design work?	Yes	No	Do you maintain records of design changes and reasons justifying these changes?	Yes	No
Are your designs subject to independent external review, testing or certification?	Yes	No	Do you have written testing procedures in place and are they followed?	Yes	No
Do you require certificates of insurance from your suppliers?	Yes	No	Are instructions, warning labels and advertising texts provided to your customers?	Yes	No
If yes, what limit of liability do you require?	\$ _____		Do you expressly disclaim or limit warranties for products?	Yes	No
Are instructions, warnings, labels and advertising texts subject to review of legal counsel or management?	Yes	No	Can your product be easily identified from your competitors?	Yes	No
Do you provide any specific training or instruction for the ultimate user?	Yes	No	Do you maintain copies of old instruction or operation manuals and advertising material?	Yes	No

Foreign Voluntary Worker's Compensation

Describe all trips (less than 15 days) and travelers:

(List each trip separately, provide additional pages or spreadsheet if needed)

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							

Foreign Based Employee Details:

Country	Job Class (Sales, Mfg, etc.)	Annual Payroll	Type (US/CDA Employee, TCN, LN)

What is maximum number of employees flying on same flight? _____

What is maximum number of employees working at the same location or staying at the same hotel? _____

Describe any security precautions undertaken for employees: _____

Domestic WC experience mod: _____

Business Travel Accidental Death & Dismemberment Endorsement

\$ 100,000 Principal Sum /
\$ 500,000 Aggregate Limit

Other

Type of Coverage Required			No. of Individuals per Trip	No. of Days Traveling
US/Canadian Nationals?	Yes	No		
Third Country Nationals?	Yes	No		
Dependent Spouse?	Yes	No		
Dependent Children?	Yes	No		

Foreign Business Auto Coverage (Excess/DIC only) – Limit

\$ 1,000,000

\$ 2,000,000

Select: **Non-owned and hired**

Number of foreign rentals: _____ Location(s) of rentals: _____ Length of rental: _____

Owned

Number of vehicles: _____ Location of vehicles: _____

Physical Damage Coverage – Please speak to your local underwriter for limits and premium

Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to complete the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true and that no other material information has been withheld. The undersigned also agrees that the existence of any policy that may be issued will not be disclosed to the host government. This form shall be the basis of insurance should a policy be issued. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the company reserves the right to modify or withdraw any offer for insurance.

Fraud warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

Signature: _____

Date: _____