



**Anderson
McTague
& ASSOCIATES**

Extra Strength Underwriting.

154 Prince William St.
PO Box 1500
Saint John NB, E2L 4K3
Canada

Commercial Liability Insurance Application

Name of Applicant: _____

Address: _____

Applicant's Trade or Business: _____

Name, Address & Trade or Business of all Subsidiary Companies:

How long has Applicant been in business? _____

Description of operations or industry of the Applicant:

Are any sales made or operations performed in the United States? Yes No

If yes, give full details: _____

Are any sales made or operations performed outside of Canada or the United States? Yes No

If yes, give full details: _____

Location of all premises owned, rented, or controlled by Applicant	Part occupied by Applicant	Area in Sq. ft.	Interest of Applicant in such Premises (owner, tenant, etc.)

Policy period desired from: _____ to _____
(year) (year)

Limits of Liability required:

Commercial General Liability:

Each Occurrence Limit: \$ _____

Products – Completed Operations Aggregate Limit \$ _____

Personal Injury and Advertising Liability Limit \$ _____

Tenants Legal Liability Limit \$ _____

Medical Expense Limit \$ _____

Non-Owned Automobile property damage \$ _____

combined

Any one Premises

Any one Person

Inclusive limit for bodily injury and property damage combined

Operations:

(a) Describe fully and break down the types of operations and work performed by the Applicant:

Operations	Number of Employees	Estimated Annual Payroll	Estimated Gross Receipts for Coming Year

Does the applicant handle, use or perform in any of the following operations?

Demolition or Wrecking	Yes	No	Gases	Yes	No
Underpinning	Yes	No	Liquefied Petroleum	Yes	No
Excavation	Yes	No	Radioactive Materials	Yes	No
Tunneling	Yes	No	Shoring	Yes	No
Welding	Yes	No	Caisson Work	Yes	No
Blasting	Yes	No	Raising or Moving of Structures	Yes	No
Chemicals	Yes	No	Pile Driving	Yes	No
Asbestos	Yes	No	Explosives	Yes	No
Hot Tarring	Yes	No	Natural Gas	Yes	No
Pesticides	Yes	No			

If yes, describe in full: _____

Products:

Estimated annual sales/receipts for each product manufactured, sold, handled, or distributed by the Applicant:

Description of Product	Sales/Receipts		
	Canada	United States	Other (Specify)

Does Applicant manufacture the complete product? Yes No

If no, what component parts are purchased by Applicant? _____

Does Applicant assemble the product? Yes No

Does Applicant maintain and/or service the products? Yes No

If so, state receipts from the source \$ _____

Do any of Applicant's products require mixing, blending, altering, repackaging or relabeling by others?

Yes No

If yes, state details: _____

Are any of Applicant's products inflammable or explosive? Yes No

If yes, state details: _____

Are any of Applicant's products toxic or poisonous either by themselves or in combination with other materials? Yes No

If yes, state details: _____

Do any of the products the Applicant now sells or ever has sold contain asbestos? Yes No

If yes, state details: _____

Does Applicant issue guarantees and/or warranties to purchases? Yes No

If yes, state details: _____

Does Applicant agree to hold both dealers or distributors and suppliers harmless against claims or suits for personal injuries or property damage in connection with Applicant's products? Yes No

Is Applicant's product accompanied by any written brochures, labels, instructions, or other written statements? Yes No

Are Annual Reports and/or product brochures available? Yes No If yes, please attach.

Does Applicant maintain quality control procedures? Yes No

If yes, please give brief outline of such procedures: _____

Does Applicant maintain complete inventory records, shipment records and/or delivery records to consignees and are serial and/or batch numbers shown on the finished product and on shipment invoices? Yes No

Can the date of manufacture of each product be identified by the factory number stamped on it? Yes No

Has Applicant ever recalled any products for any reason or been ordered to do so by any Governmental authority? Yes No

Have any products been withdrawn or discontinued during the past five years? Yes No

What will be the end use of these products? _____

Contractual or Assumed Liability

Describe all contracts or agreements giving the date of such instruments, name(s) of other contracting parties and the contract costs involved, if any: _____

Note: Submit copies of the hold-harmless provisions of all instruments. It is necessary to list easement agreements not in connection with railroad grade crossings, agreements required by municipal ordinance not involving work for the municipality, lease of premises agreements or elevator or escalator maintenance agreements.

Does the Applicant ever assume liability for the sole negligence of indemnities (ie. The other contracting party?) Yes No

If yes, attach copies of the agreement(s) and give details as to the Qualifications, Experience, Insurance coverages and limits of all such indemnities.

Does the Applicant ever enter into purchase agreements with distributors or others which contain any element of contractual/assumed liability? Yes No If yes, attach copies of such purchase order forms.

Protective Liability

Does the Applicant let or sublet any work to independent contractors? Yes No

If yes, what is the annual cost of work let? \$ _____ Sublet? \$ _____

Describe the types of work let or sublet: _____

Are independent contractors who perform work on behalf of the Applicant required to carry commercial general liability insurance including products/completed operations coverage? Yes No

If yes, what does the Applicant consider to be the minimum acceptable limit(s) of liability (ie. Amount of coverage)? \$ _____

Are liability insurance certificates secured from all independent contractors before they are allowed to begin working? Yes No

Does the Applicant enter into formal contractual agreements with independent contractors? Yes No

If yes, do these agreements contain a “hold-harmless” provision in the Applicant’s favour? Yes No

Professional Liability

Does the Applicant have other professional errors or omissions or malpractice exposure? Yes No

If yes, describe in full: _____

Compensation

Are all employees covered by Worker’s Compensation? Yes No

Does Applicant comply with all Workplace Hazardous Materials Information System (WHMIS) regulations?

Yes No

If no, please explain: _____

Liquor Liability

Do Applicant’s operations include the serving of alcoholic beverages? Yes No

Is yes, describe in full: _____

Aircraft & Watercraft

Does the Applicant own, lease, or operate any aircraft and/or watercraft? Yes No

If yes, give details: _____

Non-Owned Automobile

The partners', officers', employees', and agents' vehicles operated in the applicant's business are as follows:

Location	Partners, Officers and Employees who regularly use automobiles not owned by the Applicant in his business	All Other Partners and Employees	All Applicant's Agents
	Number of Class "A1"	Number of Class "A2"	

Hired automobiles or vehicles leased by the applicant are as follows:

Type of Automobile	Estimated Cost of Hired or Leased

Automobiles operated under contract on behalf of the Applicant are as follows:

Type of Automobile and Description of Use	Estimated Contract Cost

Limits carried on underlying policies:

Policy	Limit

Are there any swimming pools, saunas, gym and other recreational or athletic activities? Yes No

If yes, advise type, number and other activities: _____

Give details of all liability insurance carried during past five years:

Type of Policy	Policy Number	Company	Expiry Date	Limits

Give details of all claims against the Applicant during the past five years:

Date of Accident	Paid	Outstanding	Details

Do these paid or outstanding amounts reflect any deductible provision(s) contained in existing or previous insurance policies? Yes No

If yes, to what coverage(s) does/did the deductible apply and what is/was the deductible amount? _____

Additional Information: _____

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for contract of insurance to be based upon the truth of the said statements.

Signature of Applicant: _____ Date: _____

Broker: _____