



Victor Canada
 500-1400 Blair Place
 Ottawa, Ontario K1J 9B8
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Application

Commercial General Liability Insurance

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____

Name of Broker Contact: _____

Brokerage Address: _____ City: _____ Postal Code: _____

For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

Please use a separate piece of paper if there is inadequate space to answer a question and identify the answer by stating the question number.

This Application consists of two sections. Please complete the General section. Complete and sign the Addendum section only if it pertains to your type of operations.

GENERAL

1. General Information

(a) Full Name of Applicant, including all subsidiary companies (list all entities to which this insurance must apply):

(b) Applicant is: A Corporation A Partnership An Individual Other (specify) _____

(c) Principal Address (including postal code): _____

(d) Website: www. _____

(e)

Estimated Next 12 Months	Canada	USA	Other Foreign
Gross Annual Sales/Receipts			
Annual Payroll			
Number of Employees			

Describe USA/other foreign exposure: _____

(f) Please provide a complete description of all operations. Please provide activities for each named insured (including dormant, inactive companies):

(g) Year business was established: _____

(h) How many years has the Applicant been in business under the current name? _____

- (i) Have any of the principals ever engaged in this or similar enterprises under a different name? YES NO
- (j) Explain all "yes" responses (for all past or present operations):
- (i) Any medical facilities provided or medical professionals employed or contracted? YES NO
- (ii) Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing or transporting of hazardous material (e.g., landfills, wastes, fuel tanks)? YES NO
- (iii) Any operations sold, acquired or discontinued in the last 10 years? YES NO
- (iv) Any docks, floats owned, hired or leased? YES NO
- (v) Any parking facilities owned/rented? YES NO
If yes, please provide area in square metres: _____ m²
- (vi) Recreation facilities provided? YES NO
- (vii) Is there a swimming pool on the premises? YES NO
- (viii) Sporting or social events sponsored? YES NO
- (ix) Do you lease employees to or from other employers? YES NO
- (x) Any daycare facilities operated or controlled? YES NO
- (xi) Is there a formal, written safety and security policy in effect? YES NO
- (x) Does the businesses' promotional literature make any representations about the safety or security of the premises? YES NO
- (xi) Do you sell or serve alcoholic beverages? YES NO
- (xii) Do you have food sales? YES NO

Explain all "yes" answers:

2. Premises and Operations

- (a) List full addresses of all locations owned and leased or attach a schedule:

Locations	Address (include postal code)	Area (m ²)	Owned	Leased
1			<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>

- (b) List all operations at each location or attach a schedule:

Locations	Operations
1	
2	
3	
4	

3. Automobile and Watercraft Exposures

- (a) Use and operation of vehicles not owned by you but used on your behalf (non-owned automobile coverage):

Employees	Number
(i) Class A and B (partner/officer/employee using private passenger or commercial vehicle)	_____
(ii) Class C (agent of insured using private passenger or commercial vehicle)	_____
(iii) Hired vehicles: Cost of hire: \$ _____ Type of vehicle: _____	

(b) Do you own, rent, charter or lease any watercraft? YES NO

If yes, please provide details on the type of watercraft and usage: _____

4. **Claims and Insurance History**

- Please provide a list of losses for the last five years or more (attach hard copy loss runs), indicating amounts from the first dollar, the cost of claims expenses and the aggregate of all losses.
- If loss runs are not available, please provide details of all individual losses greater than \$5,000, from the first dollar, including claims expenses.

(a) Are you aware of any other incidents, conditions, circumstances, defects or suspected defects which may result in claims against you? YES NO

If yes, please provide details: _____

(b) If you have been self-insured or purchased liability insurance with a self-insured retention, who adjusted the claims and established reserves?

(c) Have you ever been involved or named in any class-action, multi-claimant or multi-district litigation or lawsuits? YES NO

If yes, please provide details: _____

(d) Present Insurer: _____

Limit of Liability: \$ _____ Present Premium: \$ _____ Policy Number: _____

(e) Is the current insurer willing to renew? YES NO

If no, please explain: _____

(f) Does the present policy cover all your operations? YES NO

If no, please explain: _____

(g) Has any insurer ever cancelled, restricted, refused or non-renewed coverage? YES NO

If yes, please provide details: _____

5. **Policy Limits and Term**

(a) **Specifications**

Policy Period (DD/MM/YYYY): From _____ To _____

(b) **Limits**

Requested

Current

(a) Bodily Injury and Property Damage (each occurrence): \$ _____ \$ _____

(b) Self-insured Retention or Deductible requested: \$ _____ \$ _____

(c) Personal and Advertising Injury: \$ _____

(d) Medical Payments: \$ _____ per person \$ _____ per occurrence

- (e) Tenants' Legal Liability: \$ _____
- (f) Employee's Benefits Liability: \$ _____
- (g) Non-owned Automobile: \$ _____ per accident
- (h) Other requested coverages: _____

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Victor's privacy policy, please contact privacypolicyinquiries@victorinsurance.com.

DECLARATIONS AND SIGNATURE

I am applying for insurance based on the information provided above. I authorize you to collect, use and disclose personal information gathered in connection with this application, as permitted by law, for the insurance or a renewal, extension or variation thereof by Victor for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Date: _____

Signature of Applicant: _____

Title: _____



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Addendum

Commercial General Liability Insurance Contractors

1. Detail fully the types of operations and work to be performed during the next 12 months (i.e., the policy period for which this application is being made). Please include your estimated amount of work under Wrap-Up Liability policies, if applicable:

Operation (not insured under a Wrap-Up policy)	\$ Performed (gross receipts)	Percentage Subcontracted
(a) _____	\$ _____	_____ %
(b) _____	\$ _____	_____ %
(c) _____	\$ _____	_____ %
(d) _____	\$ _____	_____ %
Work performed under a Wrap-Up policy	\$ _____	N/A

2. Are certificates of insurance obtained from all subcontractors? YES NO

If yes, limits required: _____

3. Do you enter into formal contractual agreements with your subcontractors? YES NO

If yes, do you require them to add you as an additional insured to their liability policies? YES NO

Please submit copy of your usual contract form.

4. Do you engage in any of the following operations?

By You, the Named Insured

- demolition or wrecking
- shoring
- underpinning
- caisson work
- welding or torch cutting (off your premises)
- use of explosives
- raising or moving
- tunnelling
- excavation

By Your Subcontractors

- demolition or wrecking
- shoring
- underpinning
- caisson work
- welding or torch cutting
- use of explosives
- raising or moving
- tunnelling
- excavation

If yes, please provide details of work undertaken: _____

5. List contractors' equipment you use away from your premises or attach a schedule:

6. Design-build Operations

Do your employees do professional design work for your projects and/or do you sublet out professional design work?
 YES NO

If yes, please provide details: _____

7. Have you in the past done or is it possible you may bid in the future on railway work (including light rail commuter systems or airside work at airports)? YES NO

If yes, please provide details: _____

It is understood and agreed that the completion of this Application Addendum does not bind the Insurers to sell nor does it obligate the Applicant to purchase the insurance.

 Signature of Applicant

 Date



Addendum
Commercial General Liability Insurance
Manufacturing

1. Product and Services

(a) Describe your products and services. Indicate the number of years involved with each product.

Blank lines for describing products and services.

(b) Please provide details of any products acquired via acquisition or merger:

Blank line for details of products acquired.

Did you retain liability for these products? YES [] NO []

(c) Who performs the installation of your product(s)?

[] You [] Customer [] Third Party hired by the Customer [] Third Party hired by You

If more than one method is used, please explain:

Blank line for explanation of installation methods.

(e) Do you retain liability for any products or operations, which you no longer control? YES [] NO []

If yes, please provide details:

Blank line for details of retained liability.

(f) Current and historical sales (include estimated for the next 12 months and actual for past four years):

Table with 6 columns: Year, Canadian Sales, USA Sales, Other Foreign Sales, Main Product, % of Total. Rows include Estimated Sales (next 12 months), Past Year, Second Prior, Third Prior, Fourth Prior.

(g) What products have you ceased manufacturing during the past 10 years? Provide details or state NONE if none applies.

Blank lines for details of ceased manufacturing.

(h) Explain how you identify your products and parts from similar competitors' products and parts:

Blank lines for explanation of product identification.

(i) Will any new products be introduced in the next 12 months? YES [] NO []

If yes, please explain:

Blank line for explanation of new products.

- (j) Do you import products or component products? YES NO
 If yes, please explain: _____

- (k) Do you manufacture the complete product? YES NO
 If no, please describe what components are purchased by you: _____

- (l) Do you assemble the product? YES NO
 If yes, please describe the process: _____

- (m) Do you maintain and/or service your products? YES NO
 If yes, please provide details: _____

- (n) If you are also a distributor and do not actually manufacture the products you sell, then does your manufacturer(s) provide you with vendor's liability coverage? YES NO
- (o) Do you manufacture or distribute products related to the aircraft/space industry? YES NO
- (p) Do you sell products of others you have repackaged under your label? YES NO

2. **Loss Prevention/Quality Control**

- (a) Are written testing procedures followed? YES NO
- (b) Are your designs subject to independent external review, testing or certification? YES NO
 If yes, please provide details: _____

- (c) Are instructions, warning labels and advertising text provided to your customers? YES NO
- (d) Do you provide any specific training/instructions for the ultimate user in the proper use of your product? YES NO
 If yes, please provide details: _____

- (e) Have your products ever been subject to inquiry or investigation relative to product safety by any governmental agency? YES NO
 If yes, please provide details: _____

- (f) Are your products designed, tested, labeled and manufactured to meet or exceed all government and industry standards? YES NO
- (g) Which standards apply: UL/ULC CSA OSHA US FDA Other: _____
- (h) Do you have a written products recall plan? YES NO
 If yes, please provide details: _____

- (i) Do you do your own design work? YES NO
 If yes, percentage: _____%
- (j) Do you maintain records of design changes and reasons justifying these changes? YES NO

It is understood and agreed that the completion of this Application Addendum does not bind the Insurers to sell nor does it obligate the Applicant to purchase the insurance.

 Signature of Applicant

 Date