

COMMERCIAL GENERAL LIABILITY COVERAGE APPLICATION

Underwriting & Claims Manager:



Media/Professional Insurance
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BCE Place
27th Floor, PO Box 508
161 Bay Street
Toronto, Ontario M5J 2S1
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*Media/Professional Insurance offers Commercial General Liability Insurance **only** to applicants whose Errors & Omissions Insurance is placed through our company.*

1. Full names of all Applicants:
2. Names of Principals:
3. Street address: _____
City, Province, Postal Code: _____ Telephone Number: _____
Website Address(es): _____
4. Describe all operations of the Applicant:
5. Describe all operations conducted in the U.S.:
6. Describe all other foreign operations:
7. How long has the Applicant been in business? _____
8. Complete the following:

<u>Location of Premises</u>	<u>Owned or Leased</u>	<u>Area Occupied by Applicant</u>
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9. Are any of the above premises rented or leased to others? Yes No
If yes, indicate which location(s) and the area occupied by tenants:
10. Are any premises owned or occupied by the Applicant equipped with elevators, escalators, hoists, swimming pools, saunas, whirlpool baths or any similar equipment or any other recreational equipment? Yes No
If yes, please complete:

<u>Number</u>	<u>Description of Equipment</u>	<u>Location</u>
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11. Please complete:

a.	<u>Type of product, service or operation</u>	<u>Payroll</u>	Estimated annual revenue (CAD\$)		
			<u>Canada</u>	<u>U.S.</u>	<u>Other</u>

b. Please provide details of off premises operations and activities:

12. a. Do you have any agreements with dealers, manufacturers or distributors related to your products? Yes No
If yes, do the agreements contain hold harmless clauses in your favor? Yes No
- b. Do the agreements require the dealer, manufacturer or distributor to carry CGL insurance? Yes No
- c. Do the agreements require the CGL policy to add you as an Additional Insured? Yes No

13. If you answer yes to any of the following, please provide details:

- a. Does anyone else manufacture your product under license? Yes No
Details:
- b. Are any of your products sold under another company's name or label? Yes No
Details:
- c. Do you repackage the products of others? Yes No
Details:
- d. Have you discontinued any products or operations in the past? Yes No
Details:
- e. Do you manufacture products or perform operations according to customer specifications? Yes No
Details:

14. a. Do you sub-contract any operations or services in the course of your business? Yes No

b. If so, describe:

- c. Expected cost of such work: \$_____
- d. Do you require these sub-contractors to provide proof of CGL and E&O insurance? Yes No
- e. Required Limit: \$_____
- f. Are you added as an Additional Insured to their CGL policy? Yes No
- g. Do you use written agreements with these sub-contractors? Yes No
- h. Do they contain hold harmless clauses in your favor? Yes No

15. a. Describe any alterations, maintenance or repairs to your premises, including any exterior work for which you are responsible, anticipated in the coming year:

- b. Annual cost of work: \$_____
- c. Do you require sub-contractors to provide a certificate of CGL insurance? Yes No
- d. If so, please provide limits required: \$_____
- e. Are you added as an Additional Insured to their CGL insurance policy? Yes No

16. Are all employees covered by Workers Compensation? Yes No

Number of employees NOT covered by WC: _____ Actual payroll of those employees: \$_____

17. If you answer Yes to any of the following, please provide details:

a. Is there any use of radioactive materials? Yes No

Details:

b. Do you have a health care professional in your employ? Yes No

Details:

c. Do you own or operate any aircraft or watercraft? Yes No

Details:

d. Do you charter, rent or lease any aircraft or watercraft? Yes No

Details:

e. Do you sponsor or conduct any sports or recreational activity, public entertainment, exhibition, convention or contest (including staff functions)? Yes No

Details:

18. Please provide claims experience for the past five years (whether claims were insured or not):

<u>Date of Loss</u>	<u>Description</u>	<u>Amount Paid</u>	<u>Outstanding</u>
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19. Please provide details of your CGL policies for the last 3 years:

<u>Insurer</u>	<u>Policy Period</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>
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20. Has coverage ever been declined, refused or cancelled? Yes No

If so, please provide details:

21. Indicate coverage and limits required:

CGL Limit: \$ _____

Employers' Liability Limit: \$ _____

Non-Owned Automobile Limit: \$ _____

Please provide annual cost of automobile short term lease/rentals: \$ _____

Please provide number of employees using their own vehicles on company business: _____

Tenants' Legal Liability Limit: \$ _____ (per location)

Please provide details if a property insurance policy is in place for any leased location:

<u>Location</u>	<u>Insurer</u>	<u>Limit</u>	<u>Policy Number</u>	<u>Expiry Date</u>
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APPLICANT'S CONSENT TO THE TRANSMISSION OF INFORMATION

I hereby acknowledge:

- a. that the information collected in the Application form and any other documentation I have submitted, is acquired by my insurance broker to be transmitted to Media/Professional Insurance for the purpose of obtaining an insurance policy, and will be kept confidential;
- b. that in the event of a claim, such information may be transmitted to loss adjusters, legal counsel or other parties for the purposes of investigating, defending, negotiating or settling any claims as may be required.

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

Name _____ **Name** _____
(signature of Applicant) (please type or print)

Date _____ **Title** _____
(please type or print)

COVERAGE IS NOT BOUND WITHOUT WRITTEN CONFIRMATION FROM MEDIA/PROFESSIONAL INSURANCE

BROKER INFORMATION –

Name of Broker Firm: _____
Name of Contact: _____
Address: _____
E-mail address: _____
Phone Number: _____
Fax Number: _____