



APPLICATION FOR COMMERCIAL GENERAL INSURANCE

1. Name of Broker: _____
2. Phone Number: _____ Fax Number: _____
3. Name of Insured: _____
 Contact Person: _____ Title: _____ Phone Number: _____
4. Mailing Address: _____
5. Name of Event: _____
6. Location of Risk: _____
7. Occupancy: _____

8. Other Occupancy(ies): _____
9. Website: _____
10. Loss Payee / Mortgagee _____

11. Policy Term: From: _____ To: _____
12. Expiry date of prior coverage if different from effective date listed above: _____

13. COVERAGES:

PROPERTY

- Fire Named Perils Broad Form
 Replacement Cost Actual Cash Value

	Amount of Insurance	Co-Insurance	Rate	Deductible	Premium
Building	\$ _____	_____ %	_____	\$ _____	\$ _____
Equipment	\$ _____	_____ %	_____	\$ _____	\$ _____
Stock	\$ _____	_____ %	_____	\$ _____	\$ _____
	\$ _____	_____ %	_____	\$ _____	\$ _____
	\$ _____	_____ %	_____	\$ _____	\$ _____
Business Interruption					
Form: _____	\$ _____	_____ %	_____	\$ _____	\$ _____
Rents	\$ _____	100 %	_____	\$ _____	\$ _____
	\$ _____	_____ %	_____	\$ _____	\$ _____
	\$ _____	_____ %	_____	\$ _____	\$ _____
	\$ _____	_____ %	_____	\$ _____	\$ _____
	\$ _____	_____ %	_____	\$ _____	\$ _____
Other: _____	\$ _____	_____ %	_____	\$ _____	\$ _____

BURGLARY AND ROBBERY

Comprehensive Dishonesty, Disappearance & Destruction Rider

- | | | |
|---|----------|----------|
| I Commercial Blanket Bond, Form A | \$ _____ | \$ _____ |
| II Loss Inside (10% overnight limitation when not kept in safe) | \$ _____ | \$ _____ |
| III Loss Outside | \$ _____ | \$ _____ |
| IV Money Orders and Counterfeit Paper Currency | \$ _____ | \$ _____ |
| V Depositors Forgery | \$ _____ | \$ _____ |

Broad Form Money & Securities (10% overnight limitation when not kept in safe) \$ _____ \$ _____
 Inside/Outside Robbery \$ _____ \$ _____
 Damage to Building by Burglary \$ _____ \$ _____
 Description of Safe: _____
 Is there an ATM at any of the Insured's premises Yes No
 If yes, Details: _____

LIABILITY (Supplementary questionnaires may be required for certain types of risks)

Commercial General Liability		Limit	
General Aggregate Limit	\$ 5,000,000	or	_____
Occurrence Limit	\$ 1,000,000	or	_____
Personal & Advertising Injury Limit	\$ 1,000,000	or	_____
Products & Completed Operations Aggregate	\$ 1,000,000	or	_____
Tenants Legal Liability	\$ 100,000	or	_____
Medical Payments	\$ 10,000		
Property Damage Deductible	<input type="checkbox"/> \$ _____	<input type="checkbox"/> per occurrence	or <input type="checkbox"/> per claimant
Reimbursement Clause	<input type="checkbox"/> \$ _____		
Non Owned Automobile	\$ 1,000,000	or	_____
Other:	\$ _____		
	\$ _____		
	\$ _____		
	\$ _____		
	\$ _____		

PAYROLL (Indicate number of employees) \$ _____
 RECEIPTS (Indicate split between operations and include percentage of U.S. and Foreign Sales if applicable)
 \$ _____
 \$ _____
 \$ _____
 \$ _____

Please provide complete details of all operations. If more space is required, please attach additional details:

(if any liquor sales, provide the percentage and information regarding staff training in an intervention and awareness program. Include procedures of how intoxicated patrons are handled)

Additional Insureds: (list name, mailing address and interest):

BLANKET GLASS

Dimensions: _____ Deductible: \$ _____
 Description: _____

EQUIPMENT BREAKDOWN COVERAGE Broad Form Comprehensive Form

Air Condition: Yes No Details: _____
 Limit per accident: \$ _____
 Perishable Stock Limit: \$ _____

14. UNDERWRITING INFORMATION – please attach photo of risk

Building Construction Height: _____ Story(ies)
 Wall Construction: _____
 Roof Construction: _____
 Age of Building: _____ Square footage: _____ by insured; _____ by others
 Exposing Property: North: _____ South: _____ East: _____ West: _____
 Area (check all that apply) industrial commercial residential agricultural urban suburban rural

Upgrades (if older than 30 years

- Roof: [] Yes [] No
Plumbing: [] Yes [] No
Heating: [] Yes [] No
Electrical: [] Yes [] No

Details: _____ Date: _____
Details: _____ Date: _____
Details: _____ Date: _____
Details: _____ Date: _____

Sprinklered: [] Yes [] No

- Heating: [] natural gas [] lp gas [] oil [] electric Other: _____
[] forced air [] hot water [] radiant [] steam Other _____
Electricity: [] fuses [] non interchangeable breakers Wiring: _____

Hydrant Protected: [] Yes [] No within _____ feet / [] meters of premises
Fire Department: within _____ miles / [] kilometers

Does this business depend on any key equipment which may be difficult to replace? [] Yes [] No

If yes, please explain: _____

RETAIL RISKS:

Is there any food prepared or cooking done? [] Yes [] No

If yes, provide details: _____

Is there a deep fat fryer or grill? [] Yes [] No

Describe automatic extinguishing system: _____

Any Tobacco or Liquor Products sold? [] Yes [] No Maximum Amount: \$ _____

If yes, provide details of storage and cages: _____

Is there a floor maintenance program in place? [] Yes [] No (please attach copy)

Are daily sweep logs kept? [] Yes [] No

15. BURGLARY / THEFT PROTECTION – attach alarm certificate from monitoring company if applicable

- [] Central Station Monitored [] Full Perimeter [] Roll Down Shutters [] Entry Barriers
[] Local Alarm [] Motion Detectors [] Tape on all Windows [] Deadbolt Locks on doors
[] Monitored (other) [] All Open Areas Covered [] Bars on Windows (front) [] Bars on Doors
[] ULC listed [] Back Up (cellular) [] Bars on Windows (rear) [] Contacts on all Doors
[] All Open Areas Covered [] Heat / Smoke Sensor [] Infra Red [] Security Guard(s)
[] Other: _____

Name of Monitoring Company: _____

Name of Alarm System: _____

[] Insured has been in business _____ years; or

[] This is a New Venture.

If this is a new venture, describe the principals prior business experience: _____

16. PREVIOUS INSURANCE AND LOSS HISTORY

Previous Insurer(s): _____

Policy Number(s): _____

Expiring Premium (if known): _____

Does GIG have any other related business for this applicant? [] Yes [] No

If yes, provide name and policy number: _____

Has any Insurer cancelled or declined to renew a policy of insurance for this applicant? [] Yes [] No

If yes, explain: _____

- [] No claims or incidents in the last 5 years of operation.
[] No claims or incidents – New Venture
[] Unknown – no prior insurance

[] Claims / incident history (5 years):

Table with 5 columns: Date of Claim, Description, Amount Paid, Expenses, Deductible. Includes three rows of blank lines for data entry.

Any uninsured losses in the past 5 years? [] Yes [] No

If yes, explain: _____

17. BROKER RECOMMENDATION

New Business to your broker office Currently insured through your broker office
 If currently insured through your office, why is the account being re-marketed?

Is applicant known to selling broker? Yes No
 If yes, for how long? _____

Has marketing broker seen this risk? Yes No
 If yes, what is the condition of this risk? excellent good average fair poor

Attach photo of risk

Any visible damage to risk? Yes No
 If yes, explain: _____

Financial Situation of applicant unknown excellent good average fair poor
 Marketing brokers overall opinion of risk: excellent good average fair poor

Completed by: _____ Agency / Brokerage: _____ Date: _____

18. CONSENT in accordance with the Act Respecting the Protection of Personal Information

If it should be necessary for the purpose of my file, I, undersigned, the applicant specifically consent that my broker and my insurers, for the time required to fulfill their functions:

(A) Gather all the pertinent necessary information from the holders of my prior insurance files, intermediaries in the insurance industry, insurance companies, financial institutions, credit agencies, government records establishing driving experience, prevention, detection, or repression of crime agencies and institutions that gather and compile data on insurance risks and losses.

- for the purpose of establishing the premium and the assessment of risk; and, (if you would like to consent now)
- for the purpose of verification, assessment and the settlement of losses;

Furthermore, I authorize my broker to sign on my behalf any request or form that may be necessary in order to gather information concerning me.

(B) Disclose, in the case of my broker, the information obtained to insurers with whom he is doing business; when it is my insurers, to institutions that gather and compile data on insurance risks and losses and prevention, detection or repression crime agencies. Solely the employees, mandatories or representatives of my broker, insurers or of institutions referred to in this paragraph will have access to this information when required within the execution of their functions.

Furthermore, I consent that holders of information concerning me and covered by the present consent be released from their confidentiality undertaking and that they convey the required information to my broker, my insurers, their employees, trainees or representatives.

I acknowledge having been informed of my right to access to information obtained by virtue of the present consent and to have it corrected, if need be.

Furthermore, I acknowledge having been informed that I may address all questions regarding the present consent to my broker and/or my insurers, their employees, trainees or representatives.

This insurance application is considered to include all provisions for all forms to be issued in accordance with this contract. The total estimated policy premium is subject to adjustment.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF CO APPLICANT	DATE