## GENERAL LIABILITY AND UMBRELLA APPLICATION

**TSW Management Services Inc.**

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|  |
| --- |
| **SECTION 1 – APPLICANT** |
| NAME OF APPLICANT: |       |
| ADDRESS OF APPLICANT: |       |
| APPLICANT IS: | [ ]  A corporation | [ ]  A partnership |
| [ ]  An individual | [ ]  Other:       |
| DESCRIPTION OF ACTIVITIES: |       |
| YEAR OF INCORPORATION: |       |
| NAME AND ADDRESS OF SUBSIDIARIES: |       |
|  |
| **SECTION 2 – DETAILS OF REQUIRED COVERAGES** |
| EFFECTIVE DATE OF INSURANCE:  |       |
| NAME OF PRESENT INSURER: |       |
| CLAIMS-MADE BASIS: | [ ]  Yes | [ ]  No |
| HAS ANY INSURER EVER REFUSED OR CANCELLED ANY INSURANCE: | [ ]  Yes | [ ]  No |
| If yes, provide details: |       |
|  |
| **SECTION 3 – LEASED PROPERTY (Describe all buildings)** |
| LOCATION | AREA | OCCUPANCY | ANNUAL RENT | CONSTRUCTION |
|       |       |       | $       |       |
|       |       |       | $       |       |
|       |       |       | $       |        |
|       |       |       | $       |        |
|  |
| DOES APPLICANT HAVE ANY INTEREST AS OWNER, LESSEE OR TENANT IN THE FOLLOWING? |
| FREIGHT AND/OR PASSENGER ELEVATOR: | [ ]  Yes | [ ]  No |
| If yes, specify number, type, capacity, use and locations: |       |
| LOTS: | [ ]  Yes | [ ]  No |
| If yes, specify location, area, use: |       |
| SWIMMING POOLS, FOUNTAIN, WATER BODIES: | [ ]  Yes | [ ]  No |
| If yes, describe: |       |
| OWNED WATERCRAFT: | [ ]  Yes | [ ]  No | OR leased or chartered watercraft | [ ]  Yes | [ ]  No |
| If yes, specify number, type, length, H.P.: |       |
| LEASED AIRCRAFT: | [ ]  Yes | [ ]  No |
| If yes, specify the number and annual cost of leasing: |       |
| VACANT OR UNOCCUPIED BUILDINGS: | [ ]  Yes | [ ]  No |
| If yes, specify: |       |
|  |
| **SECTION 4 – OPERATIONS** |
| Description of applicant’s operations and annual sales | % DISTRIBUTION |
| CANADA | US | OTH |
| OPERATIONS | ANNUAL SALES | ONT | QUE |
|       | $       |       |       |       |       |
|       | $       |       |       |       |       |
|       | $       |       |       |       |       |
|       | $       |       |       |       |       |
|       | $       |       |       |       |       |
|       | $       |       |       |       |       |
|       | $       |       |       |       |       |
|       | $       |       |       |       |       |
| TOTAL | $       |       |       |       |       |
| If any distribution in the US, to which states are your products sold? |
|       |
| Provide address and description of US operations: |
|       |
| Number of employees and annual payroll: |
|  | ADMINISTRATION | SERVICE | SALES | OTHER | TOTAL |
| EMPLOYEES: |       |       |       |       |       |
| ANNUAL PAYROLL: | $       | $       | $       | $       | $       |
|  |
| **SECTION 5 – INCIDENTAL MALPRACTICE LIABILITY** |
| DOES APPLICANT OPERATE A HOSPITAL, A CLINIC OR A FIRST AID FACILITY?  | [ ]  Yes | [ ]  No |
| If yes, specify | FULL TIME | PART TIME |
| Number of doctors: |       |       |
| Number of nurses: |       |       |
| IS INDIVIDUAL LIABILITY OF EMPLOYED DOCTORS AND NURSES COVERED BY INSURANCE? | [ ]  Yes |  [ ]  No |
| If yes, what are the limits of insurance provided? |       |
|  |
| **SECTION 6 – CONTRACTUAL LIABILITY** |
| DOES APPLICANT ASSUME ANY LIABILITY, BY CONTRACT, VERBAL OR WRITTEN AGREEMENT? | [ ]  Yes | [ ]  No |
| If yes, please attach wording of such contract or written agreement. |
|  |
| **SECTION 7 – PRODUCTS LIABILITY** |
| List by category all products manufactured, sold, handled or distributed by the applicant: | ANNUAL SALES |
|       | $       |
|       | $       |
|       | $       |
|       | $       |
| Give details of operations away from applicant’s premises: |
|       |
| Give reason for discontinuing production and year. Specify annual sale: |
|       |
| List products acquired through acquisition or merger: |
|       |
| Identify products planned for introduction in next 12 months: |
|       |
| DOES APPLICANT HAVE OPERATIONS OUTSIDE CANADA?  | [ ]  Yes | [ ]  No |
| If yes, in which country(ies) and what is(are) the corresponding amount(s)? |       |
| HAS THE APPLICANT INCLUDED BROCHURES OR OTHER RELEVANT DOCUMENTATION CONCERNING THE PRODUCTS?  | [ ]  Yes | [ ]  No |
| ARE THERE ANY PRODUCTS OR ACTIVITIES RELATED TO NUCLEAR ENERGY OR DEFENCE? | [ ]  Yes | [ ]  No |
| DOES ANY PRODUCT OR ACTIVITY IMPLY USAGE OF RADIO-ISOTOPES OR RADIOACTIVITY? | [ ]  Yes | [ ]  No |
|  |
| **SECTION 8 – OTHER EXPOSURES** |
| IS THE APPLICANT SUBJECT TO THE FOLLOWING RISKS? |
| WORK COMMITTED TO SUB-CONTRACTORS OR INDEPENDENT CONTRACTORS? | [ ]  Yes | [ ]  No |
| Type of work:  |       |
| Annual costs:  |       |
| RAILROAD OPERATION? | [ ]  Yes | [ ]  No |
| Fully describe any railway network owned, used or operated by the insured: |
|       |
| ADVERTISING? | [ ]  Yes | [ ]  No |
| Description: |       |
| Estimated annual advertising expenditure over $10,000 |
| Advertising agency: |       |
| Others: |       |
| Description of unusual advertising activities such as contests, exhibits: |       |
| POLLUTION (chemical products, gases, wastes)? | [ ]  Yes | [ ]  No |
| Specify quantities, methods of storage and handling, methods of transportation off-premises, permission given to others to dispose of waste on premises, type of supervision: |
|       |
|  |
| **SECTION 9 – EMPLOYER’S LIABILITY** |
| IS GOVERNMENT WORKER’S COMPENSATION INSURANCE AVAILABLE IN ALL PROVINCES IN WHICH THE APPLICANT CONDUCTS BUSINESS? | [ ]  Yes | [ ]  No |
| If yes, does applicant take advantage of it? | [ ]  Yes | [ ]  No |
| If no, specify provinces and payroll:  |       |
|  |
| **SECTION 10 – AUTOMOBILE** |
| NUMBER OF VEHICLES |
| PRIVATE:       | MOTORIZED EQUIPMENT:       | LIGHT:       |
| TRAILERS:       | HEAVY:       | BUSES:       |
| Are vehicles utilized for long haul: |
| ACROSS THE COUNTRY? | [ ] Yes | [ ]  No |
| If yes, which provinces? |       |
| IN THE US? | [ ] Yes | [ ]  No |
| If yes, which states? |       |
| If yes, specify: | [ ]  Products of the insured | [ ]  Products of others | [ ]  Both |
| ARE VEHICLES UTILIZED IN THE TRANSPORTATION OF FLAMMABLE, CAUSTIC OR EXPLOSIVE SUBSTANCES? | [ ]  Yes | [ ]  No |
| DOES THE INSURED USE ANY NON-OWNED VEHICLES? (vehicles rented for 30 days or less or borrowed vehicles): | [ ]  Yes | [ ]  No |
| If yes, give details: | Number:       | Use:       |
| NUMBER OF EMPLOYEES USING THEIR CAR FOR COMPANY BUSINESS: |       |
| Do they travel to the US? | [ ]  Yes | [ ]  No |
|  |
| **SECTION 11 – LIABILITY CLAIMS HISTORY AND DETAILS OF INSURANCE** |
| List all liability claims paid or outstanding in the last five (5) years whether insured or not. Include total costs from ground up for each claim, including defence costs and deductible. Include loss experience of companies which have been taken over or merged with your company. |
| DATE OF OCCURENCE | STATUS | DESCRIBE OCCURRENCE AND INJURY OR DAMAGE | AMOUNT | DEDUCT. |
| OUTSTAND. | PAID |
|       |       |       | $       | $       | $       |
|       |       |       | $       | $       | $       |
|       |       |       | $       | $       | $       |
|       |       |       | $       | $       | $       |
|       |       |       | $       | $       | $       |
|       |       |       | $       | $       | $       |
| ARE YOU AWARE OF ANY OTHER INCIDENTS WHICH MAY RESULT IN CLAIMS AGAINST YOU? | [ ]  Yes  | [ ] No |
| If yes, give details:  |       |
|  |
| **SECTION 12 – COVERAGE REQUIREMENTS** |
| Limit of insurance:  |       | Limit of insurance:  |       |
| Comprehensive General Liability | [ ]  | Umbrella/Excess | [ ]  |
|  | YES | NO |  | YES | NO |
| Deductible of       applicable on property damage |  | Broad form property damage | [ ]  | [ ]  |
| * per claimant
 | [ ]  | [ ]  | Forest fire fighting expenses | [ ]  | [ ]  |
| * per occurrence
 | [ ]  | [ ]  | Non-owned automobile liability | [ ]  | [ ]  |
| On occurrence basis | [ ]  | [ ]  | Broad form automobile endorsement | [ ]  | [ ]  |
| On claims made basis | [ ]  | [ ]  | QEF/OEF/SEF 94 – damage to hired automobiles | [ ]  | [ ]  |
| * Retro date:
 |  |  | * Deductible:
 | [ ]  | [ ]  |
| Worldwide coverage | [ ]  | [ ]  | Non-owned watercraft | [ ]  | [ ]  |
| Employee benefits administration |  |  | Non-owned aircraft | [ ]  | [ ]  |
| * Aggregate:
 |  |  | Incidental malpractice liability | [ ]  | [ ]  |
| * Deductible:
 |  |  | Garage Liability | [ ]  | [ ]  |
| Contractor’s protective liability | [ ]  | [ ]  | Pollution liability | [ ]  | [ ]  |
| Blanket contractual liability | [ ]  | [ ]  | Does applicant handle any material that could cause pollution?  | [ ]  | [ ]  |
| Products and completed operations | [ ]  | [ ]  | Blasting endorsement | [ ]  | [ ]  |
| Contingent employer’s liability | [ ]  | [ ]  | X.C.U. deletion endorsement | [ ]  | [ ]  |
| * Limit:
 |  |  | Advertising liability | [ ]  | [ ]  |
| Voluntary medical payments | [ ]  | [ ]  | Independent vendors as additional insureds, broad form | [ ]  | [ ]  |
| * Per person:
 |  |  | Host liquor liability | [ ]  | [ ]  |
| * Per accident:
 |  |  | Voluntary workers as additional insureds | [ ]  | [ ]  |
| Employees as named insureds | [ ]  | [ ]  |       days cancellation clause | [ ]  | [ ]  |
| Tenant’s legal liability – broad form | [ ]  | [ ]  | Other special endorsements |  |  |
| * Limit:
 |  |  | *
 | [ ]  | [ ]  |
| Personal injury | [ ]  | [ ]  | *
 | [ ]  | [ ]  |
| Cross liability | [ ]  | [ ]  | *
 | [ ]  | [ ]  |
| Elevator liability | [ ]  | [ ]  | *
 | [ ]  | [ ]  |
| Elevator collision:       limit | [ ]  | [ ]  | *
 | [ ]  | [ ]  |
| Property damage on occurrence basis | [ ]  | [ ]  | *
 | [ ]  | [ ]  |
|  |
| **SECTION 13 – SCHEDULE OF PRIMARY POLICIES** |
| COVERAGE | CARRIER | POLICY TERM | LIMIT | PREMIUM |
| GENERAL LIABILITY |       |       | $       | $       |
| AUTOMOBILE |       |       | $       | $       |
| DO THESE POLICIES INSURE ALL CORPORATIONS AND SUBSIDIARIES LISTED IN ITEM 1? | [ ]  Yes | [ ] No |
| If not, explain: |       |

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all information submitted to or requested by the Insurer in conjunction with this Application is hereby incorporated by reference into this Application and made a part thereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all information submitted to or requested by the Insurer in conjunction with this Application is the basis of and is deemed attached and incorporated into any policy effected pursuant to this Application. Applicant’s acceptance of company quotation is required prior to binding coverage and policy issuance.

Material Change Disclosure and False Information

In addition to providing all basic information necessary to enable us to place the risk and/or completing this Application, you must ensure that you are complying with your legal duty to disclose all changes relevant to the risk, including any change occurring after completion of this Application and throughout the policy term, which might affect the Insurer’s decisions as to coverage and premium. Please be aware that if you do not disclose all such information, Insurers may have the right to void the policy in its entirety from its inception, or sections thereof, which may lead to claims not being covered.

Please ensure that all information provided is accurate and complete, as it relates to the risk, whether favourable or not. Any person who files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company commits a fraudulent act.

I have read and understood the above

 Applicant’s initials

**Declaration and signature**

The applicant certifies that the statements, facts and data provided in this application form are accurate and complete in representing the nature of the risk and that no information has been withheld or misstated.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Title: |  |
| Name: |  | Signature: |  |