

COMMERCIAL LIABILITY APPLICATION

Applicant's Name (Legal and Operating):	Broker:
Applicant's Address:	How Long in Business:
Principal(s):	Licensed as (contractors):

Description of Building

Area (sq.ft):	# of Suites:	# of Elevators:	Pool:	Sauna:
Liquor receipts: \$		Other hazards:		
Is there any Third Party Fire Property Damage exposure with respect to the insured premises (ie: Adjacent Buildings, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:				
Description of Operations:				
If New Operation/ Company- Describe the relative work experience of the principals:				
Estimate Payroll: (Note, if "off premises" operations are applicable, give the amount and description, add page if necessary)				
Estimated Annual Sales or Receipts:				
If more than one operation/ product, give \$ or % breakdown per capita:				

Work Performed

The percentage of construction work which is:		
Residential	Commercial	Industrial
Work Sublet? <input type="checkbox"/> No <input type="checkbox"/> Yes, amount \$		
Description:		
Are subs insured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, limit requested?	Certification of insurance for subs obtained? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are there any off premises welding or cutting operations? <input type="checkbox"/> No <input type="checkbox"/> Yes, amount or %		
Sales to U.S.A? <input type="checkbox"/> No <input type="checkbox"/> Yes, amount	Description:	

Previous Policy History

Previous Insurer:	Policy #:	Deductible:
Claims Experience: Describe all liability losses, paid or reserved over the last 3 years:		
Has any insurer cancelled, declined, or refused to renew or reissue insurance of the type applied for? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, give reason:		

Coverage

<input type="checkbox"/> Bound <input type="checkbox"/> Not Bound	Effective Date:	Limit Required?
Deductible?		
Frills Required:		

Producer:

Information Taken By:

Date: