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INSURANCE FOR COMMERCIAL GENERAL LIABILITY APPLICATION FORM

INSTRUCTIONS:

- Please complete all questions. If a question is not applicable, please answer "N/A".
- If additional space is required for any response, please continue your response in the ADDITIONAL INFORMATION section at the back of this Application Form.
- Please make certain the application is currently dated and signed by a principal, partner or director of the company and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.
- The term "Applicant" includes all subsidiaries which are more than 50% owned proposed for this insurance.

SECTION 1: COMPANY DETAILS

- 1.1 Please provide the following details: (If coverage is provided for subsidiary companies, please include all subsidiary information when completing the questions in this application form)

Name of Applicant: _____

Address of Applicant: _____

City / Prov. / Post Code: _____

- 1.2 The Applicant has continuously been in business since: _____

- 1.3 Does the Applicant have any prior related experience? _____

- 1.4 Please state the number of employees: Full time: _____ Part time: _____

SECTION 2: BUSINESS ACTIVITIES

- 2.1 Please briefly describe the nature of the applicant's operations:

- 2.2 Please provide received/anticipated revenues:

Revenues emanating from:	Expiring Revenues	Anticipated Revenues
Canada:	\$	\$
United States:	\$	\$
Other Countries*:	\$	\$
Total revenue:	\$	\$

*Please list other countries: _____

2.3 Percentage split of revenue: On Premises: _____% Off Premises: _____%

2.4 Do any of the described operations involve the use or application of heat? Yes No

If yes, please describe: _____

2.5 Does the applicant engage in any of the following operations?

Demolition or wrecking

Tunneling

Shoring

Welding or cutting

Underpinning

Pile driving

Caisson

Roofing

Excavation

Cranes, use of

Use of explosives / blasting

Raising or moving

Other : _____

2.6 What is the approximate percentage of current year revenue to be paid to sub-consultants? _____%

2.7 Does the Applicant require all sub-contractors to carry their own Errors & Omissions and General Liability Insurance?

Yes No

a. If Yes, to what limit? _____

b. If Yes, are certificates of Insurance required? Yes No

SECTION 3: INSURANCE COVERAGE REQUIREMENTS

Please provide details of the Applicant's current/required General Liability insurance coverage:

Current Broker : _____

Current Insurer : _____

Effective / Expiry Date : _____

Limit : _____

Deductible : _____

Expiring Premium: _____

Target Premium : _____

SECTION 4: COMMERCIAL PROPERTY

Only complete this section if the Applicant requires this coverage

4.1 Please provide the address of the property to be insured, if different from the address given above:

Insured Address 1:	
Insured Address 2:	

Please continue on a separate page should more than 2 premises are to be insured.

4.2 Please provide the following details with respect to each of the premises to be insured:

	Insured Location 1:	Insured Location 2:
Year built:		
Number of stories:		
Sq. Footage:		
Are Fire Hydrants located within 500m:	Yes No	Yes No
Are the Premises sprinklered:	Yes No Partially	Yes No Partially
Monitored Alarm:	Yes No	Yes No
Building Construction: (i.e. Masonry, Concrete, Brick Veneer, Frame, Fire resistant, Non-combustible)		

4.3 Please provide the amount of insurance required below:

	Insured Location 1:	Insured Location 2:
Building (excluding residential homes):	\$	\$
Tenant's Improvements:	\$	\$
Office Contents / Equipment:	\$	\$
Computer Hardware:	\$	\$
Computer Software / Media:	\$	\$
Property of others:	\$	\$
Laptops / Portable Computers:	\$	\$
Business Interruption:	\$	\$
Other: _____	\$	\$
	<input type="checkbox"/> Flood Coverage <input type="checkbox"/> Earthquake Coverage	<input type="checkbox"/> Flood Coverage <input type="checkbox"/> Earthquake Coverage

4.4 Please provide details below of any third party requiring to be noted as an additional insured on the Policy:

Name of Additional Insured 1:	
Interest of Additional Insured:	
Address:	

Name of Additional Insured 2:	
Interest of Additional Insured:	
Address:	

Name of Additional Insured 3:	
Interest of Additional Insured:	
Address:	

Please continue on a separate page if more than 3 additional insureds are required to be added to the Policy.

SECTION 5: CLAIMS INFORMATION

Regarding all types of insurance to which this application form relates:

- a) is the Applicant aware of any loss or damage, whether insured or not, that has occurred to any of the companies to be insured (or to any existing or previous business of the partners or directors of any of the companies to be insured) within the last five (5) years, or
- b) is the Applicant aware of any circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof, or
- c) have any claims or cease and desist orders been made against any of the companies to be insured, or partners or directors thereof, or
- d) have any partners or directors of the companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c, and d above:

Yes No

If the answer to the above is Yes, then please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by the Applicant and/or by Insurers, and the dates of all developments and payments.

SECTION 6: DECLARATION

- I declare that after full enquiry the information provided in this application form is true and complete that I have not misstated or suppressed any material fact.
- I agree that this Application Form, together with any other material information supplied by me shall form the basis this contract of insurance.
- I undertake to inform Underwriters of any material alteration to these facts occurring before the inception of the policy.

Signed: _____

Full Name: _____

Position held: _____

Date: _____

