



CGL & Commercial Package Questionnaire

1. Name: _____

Address: _____

2. Primary Contact: _____

Website: _____

3. Policy Period requested: _____ to _____

4. Number of years in business: _____

5. Description of business operations: _____

6. Subsidiary Companies; Name, Address, & Business: _____

7. Total Gross Receipts: \$_____ Total number of Employees: _____

8. Estimated Annual Payroll; \$_____ Estimated Gross Receipts: \$_____

9. Any U.S. operations? YES _____ NO _____

10. Any operations outside of Canada or US? YES _____ NO _____

11. Previous Insurance. Give details of all liability insurance carried during past three years:

Type of Policy	Policy Number	Company	Expiry Date	Limits

12. Previous Insurance declined or cancelled? YES NO

If yes, details: _____

13. Any Claims in the past 5 years? YES NO

If yes, details:

Date of Claim	Amount Paid	Details	Open	Closed

14. Locations

Location of all premises owned, rented or controlled by Applicant	Interest of Applicant in such premises: (owner, tenant, etc.)	Area in Sq. Ft.	Part occupied by Applicant
1.			
2.			
3.			
4.			
5.			

15. Mortgagee / Loss Payee Name(s) and address(es):

1. _____

2. _____

16. Location Details

Building Type: _____

Occupancy: _____

Number of Stories: _____ Story Height: _____ Total (gross) sq ft: _____

Construction type: _____

Substructure : _____

Year Built: _____ Roof Type: _____ Year: _____

Type of heating : _____ Year: _____ Type of Plumbing: _____ Year: _____

Type of Electrical: _____ Year: _____

Distance to hydrant: ____ ft or ____ meters

Distance to firehall: ____ Kms

Sprinklered? YES NO Fire Alarm? YES NO Monitored? YES NO
 Burglar Alarm? YES NO Monitored? YES NO Perimeter or Area:
 Locks on doors? Bars on windows? Safe? Description _____
 Maximum amount of cash on premises: \$_____

17. Coverages and Limits

Item	Co- Ins	Limits	Deductible		Item	Co- Ins	Limits	Deductible
Property of Every Description					Business Interruption			
Building					Gross Earnings			
Equipment					Rental Income			
Stock (ACV)					Gross Rents			
Office Equipment					Extra Expense			
Cutomer's Goods					Professional Fees			
Employee's Tools					Crime			
Accounts Receivable					BFM&S			
Valuable Papers					In/Out Robbery			
Transit					Employee Dishonesty - Form			
Consequential Loss								
Boiler - Option #1					Liability			
Sign Floater					Commercial General Liability			
Glass					Each Occurrence			
Contractor's Equipment					Personal Injury			
Misc. Articles Floater					Tenants Legal Liability			
Laptops					Broad Form (Check if coverage applicable)			
Computer Breakdown					Medical Expense Limit			
Earthquake					Non-Owned Auto			
Flood								
Sewer Backup								

18. Non-Owned Automobile

(a) The partners', officers', employees' and agents' vehicles operated in the Applicant's business are as follows:

Partners'/Officers': _____ Employees' & Agents: _____

(b) Hired automobiles or vehicles leased by the Applicant are as follows:

Type of automobile: _____ Estimated Cost of hired or leased:\$_____

19. Professional Liability

Does the Applicant have other professional errors or omissions or malpractice exposure? Yes No

If yes, describe in full: _____

20. Worker's Compensation

(a) Are all employees covered by Worker's Compensation? Yes No

If no, please explain: _____

20. Aircraft & Watercraft

(a) Does the Applicant own, lease or operate any aircraft and/or watercraft? Yes No

If yes, give details: _____

Additional Details : _____

In order to prepare the most advantageous offer and to provide you insurance coverage with respect to this application, we may collect, use, and disclose personal information, such as consumer**, inspection, and previous insurer reports, for the purposes of assessing risk, investigating and settling claims, and detecting and preventing fraud. Notice is hereby given in connection with your application for insurance, that a report containing personal and/or credit information** on you is being or may be sought.

Some of this information may be shared with third parties such as insurers, government agencies or other industry entities and service providers as permitted by law. If you are providing personal information about anyone else including, but not limited to, employees, directors, officers, partners, agents, or reps, have you obtained their consent for the same purposes? If not: Will you confirm that you have authorization from them to consent to the above on their behalf?

**** Do you consent?**

I/We declare that the statements made herein are in every respect true and correct and hereby apply for contract of insurance to be based upon the truth of the said statements.

Date

Signature of Applicant

Broker

COMMERCIAL STABILITY INDICATOR INFORMATION (APPLIES TO COMMERCIAL EDGE EXPRESS ONLY)

Name of Owner: _____ **Date of Birth of Owner:** / /

Address of Owner's Principal Residence including Postal Code: _____

Number of Yeas the Owner has lived at this address: _____

Number of Years the Owner has been operating this business: _____

Details of other Insurance policies presently in force with Intact. (e.g. home or automobile or other business policies):

Date

Signature of Applicant

Broker