

Company Details			
This form must be completed by a principal, partner, or director of the applicant firm. Additional information can be included at the bottom of the application form. Once you have completed the form please return it directly to your insurance broker.			
1. Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:			
Insured company:			
Address:			
Postal Code:			
Website:			
Contact Name:		Email:	
2. Please state when your company was established:			
3. Please state your revenue for the following years as set out in the box below:			
Territory:	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Canada:			
USA:			
Europe / Australia:			
Rest of the world:			
Total:			
4. Please state the number of employees:			
5. Please state the following:			
a) Your total estimated payroll for the next financial year: \$			
b) The percentage of your payroll that relates to work away from your premises:			%
c) The percentage of manual work:		%	

ACTIVITIES
1. Please briefly describe below the nature of your business activities. If you have a brochure, or company literature, please attach to this form.
Does the applicant engage in any of the following operations? Yes / No If yes, describe on separate attachment. Demolition Drilling Welding (Off Premises), Welding (On Premises), Blasting Spraying (Pressure Washing), Spraying (Paint), Spraying (Pesticides), Airport Premises Excavation (Maximum Depth), Propane Work Ships or Docks Roofing Work, Shoring/Tunneling/Underpinning Insulation (installation/removal), Swimming Pool Work, Cranes, Bridge Work, Other – please explain.
2. Please provide a full breakdown of your total turnover by activity. The total of all activities listed here should equal 100%

b) Do you maintain full rights of recourse against suppliers:	Yes	No
c) Do you ensure that your suppliers have their own products liability insurance?	Yes	No
If yes, what is the minimum limit of liability that your supplier must purchase?	\$	
3. Are any of your products incorporated into marine craft, aircraft, aerospace craft, nuclear devices, nuclear systems or automobiles?	Yes	No
If 'yes', please provide details:		

CLAIMS EXPERIENCE & INSURANCE HISTORY					
1. Please provide details of your current general liability insurance policy, if applicable, and what you require for the next year of insurance:					
	Effective date	Limit	Deductible	Premium	Insurer
Current:					
Required:					N/A
2. Regarding all of the types of insurance to which this application form relates, AFTER ENQUIRY:					
a) Have you ever had a legal action brought against you for causing property damage or bodily injury to a third party?				Yes	No
b) Are you aware of any circumstances which may give rise to a legal action being brought against you for causing property damage or bodily injury to a third party?				Yes	No
c) Have you ever had to recall one of your products?				Yes	No
If the answer to any of 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 you and / or by Insurers, and the dates of all developments and payments.					

DECLARATION

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada. Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker, or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED

- I certify that all statements made in this application are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied, shall form the basis of any contract of insurance agreed upon.

- I undertake to inform Underwriters of any material change to these facts occurring before the completion of the contract.

Signed:

Full Name:

Position held:

Date:

Additional Information: