

Applicant Information

1. Name of Applicant:
2. Address of Applicant:
3. <ul style="list-style-type: none"> • A Corporation • A Partnership • An Individual • Other
4. Description of operations:
5. Years of Experience:
6. Year of incorporation/ or in business:
7. Name and address of subsidiaries

Liability Requirements

1. Limit of Liability Required:
2. Effective date of Insurance:
3. Name of present Insurer:
4. Has any insured ever refused or cancelled any insurance? Yes No If YES, Please provide details:

Leased Property

1. Describe all buildings:				
Location	Area	Occupancy	Annual Rent	Construction

Operations

1. Description of applicant's operations and annual sales:					
Commodities Hauled	Gross Annual Receipts	% Distribution			
		CAN	USA	OTH	Total

2. Number of Drivers and annual payroll:					
	Employed	Owner Operators	Total		
Number of Drivers					
3. Does applicant handle any materials that could cause pollution?					
		Yes	No		
4. Specify the percentage of annual revenue:					
	• In Canada	%			
	• In United States	%			

Other Exposures

1. Is the applicant subject to the following risks?					
a. Work committed to subcontractors or independent contractors?					
		Yes	No		
If yes, what type of work:					
Annual costs:					
b. Pollution (Chemical Products, gases, wastes)					
		Yes	No		
If yes, specify below the quantities, methods of storage and handling, methods of transportation off-premises, permission given to others to dispose of waste on premises, type of supervision:					

Employer's Liability

1. Is Government workmen'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:					

Automobile

1. Number of Vehicles					
a. Light:					
b. Heavy:					
c. Motorized equipment:					
d. Trailers:					
e. Buses:					
2. Are vehicles utilized for long haul?					
		Yes	No		
If yes, specify Products of the insured and Products of others:					
	• Across the country		Yes	No	

If yes, which provinces:		
• In United States	Yes	No
If yes, which states:		
3. Are vehicles utilized in the transportation of flammable, caustic or explosive substances?	Yes	No
4. Are there any non-owned vehicles	Yes	No
If yes, please provide number of vehicles and use:		

Previous Loss Experience

1. List all liability claims within the last five (5) years, whether settled or not:

Bodily Injury	Property Damage	Date	Paid Amount or Reserve

Schedule Of Primary Policies

Coverage	Carrier	Policy Term	Limit	Premium
General Liability				
Automobile				
Professional				
Directors and Officers				
Others (ex. Aviation, Marine)				

Do these policies insure all corporations and subsidiaries listed in item 1? Yes No

If not, please explain:

Declaration

The applicant certifies that the above statements and facts are true and that no information has been suppressed or misstated.

Date:	Signature of Insured:
	Title:
Broker Information:	
Broker:	Contact:
Phone:	Fax