



Intact Insurance Company

Commercial Liability Insurance Questionnaire

1. Name of Applicant _____

2. Address _____
(Number) (Street) (City) (Prov.) (Postal Code)

3. Applicant's Trade or Business _____

4. Name, Addresses & Trade or Business of all Subsidiary Companies:

5. How long has Applicant been in business? _____

6. Description of operations or industry of the Applicant:

7. (a) Are any sales made or operations performed in the United States? Yes No

If yes, give full details: _____

(b) Are any sales made or operations performed outside of Canada or the United States? Yes No

If yes, give full details: _____

8.

| Location of all premises owned, rented or controlled by Applicant | Part occupied by Applicant | Area in Sq. Ft. | Interest of Applicant in such premises (owner, tenant, etc.) |
|---|----------------------------|-----------------|--|
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9. Policy period desired from _____, 20____ to _____, 20____.

10. Limits of Liability Required:

Commercial General Liability

Each Occurrence Limit \$ _____
 Products - Completed Operations Aggregate Limit \$ _____
 Personal Injury Limit \$ _____
 Tenants Legal Liability Limit \$ _____ Any on Premises
 Broad Form (check if coverage applicable)
 Medical Expense Limit \$ _____ Any one Person
 (Inclusive limit
 for bodily injury and
 property damage combined)
 Non-Owned Automobile \$ _____

11. Operations

(a) Describe fully and break down the types of operations and work performed by the Applicant:

| Operations | Number of Employees | Estimated Annual Payroll | Estimated Gross Receipts for Coming Year |
|------------|---------------------|--------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

(b) Does the Applicant handle, use or perform in any of the following operations?

| | Yes | No | | Yes | No | | Yes | No |
|------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|
| Demolition or Wrecking | <input type="checkbox"/> | <input type="checkbox"/> | Gases | <input type="checkbox"/> | <input type="checkbox"/> | Pile Driving | <input type="checkbox"/> | <input type="checkbox"/> |
| Underpinning | <input type="checkbox"/> | <input type="checkbox"/> | Liquified Petroleum | <input type="checkbox"/> | <input type="checkbox"/> | Asbestos | <input type="checkbox"/> | <input type="checkbox"/> |
| Excavation | <input type="checkbox"/> | <input type="checkbox"/> | Radioactive Materials | <input type="checkbox"/> | <input type="checkbox"/> | Explosives | <input type="checkbox"/> | <input type="checkbox"/> |
| Tunnelling | <input type="checkbox"/> | <input type="checkbox"/> | Shoring | <input type="checkbox"/> | <input type="checkbox"/> | Hot Tarring | <input type="checkbox"/> | <input type="checkbox"/> |
| Welding | <input type="checkbox"/> | <input type="checkbox"/> | Caisson Work | <input type="checkbox"/> | <input type="checkbox"/> | Natural Gas | <input type="checkbox"/> | <input type="checkbox"/> |
| Blasting | <input type="checkbox"/> | <input type="checkbox"/> | Raising or Moving of Pesticides | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Chemicals | <input type="checkbox"/> | <input type="checkbox"/> | Structures | <input type="checkbox"/> | <input type="checkbox"/> | | | |

If yes, describe in full: _____



12. Products

(a) Estimated annual sales/receipts for each product manufactured, sold, handled or distributed by the Applicant:

| Description of Product | Sales/Receipts | | |
|------------------------|----------------|---------------|-----------------|
| | Canada | United States | Other (Specify) |
| | | | |
| | | | |
| | | | |
| | | | |

(b) Does Applicant manufacture the complete product? Yes No

If "no", what component parts are purchased by Applicant? _____

(c) Does Applicant assemble the product? Yes No

(d) Does Applicant maintain and/or service the products? Yes No

If so, state receipts from the source. \$ _____

Do any of the Applicant's products require mixing, blending, altering, repackaging or re-labelling by others?

Yes No

If yes, state details: _____

(e) Are any of Applicant's products inflammable or explosive? Yes No

If yes, state details: _____

(f) Are any of Applicant's products toxic or poisonous either by themselves or in combination with other materials?

Yes No

If yes, state details: _____

(g) Do any of these products Applicant now sells or ever has sold contain asbestos? Yes No

If yes, state details: _____

(h) Does Applicant issue guarantees and/or warranties to purchasers? Yes No

If yes, state details: _____

(i) Does Applicant agree to hold both dealers or distributors or suppliers harmless against claims or suits for personal injuries or property damage in connection with Applicant's products? Yes No



- (j) Is Applicant's product accompanied by any written brochures, labels, instructions or other written statements? Yes No
- (k) Are Annual Reports and/or product brochures available? Yes No
If yes, please attach.
- (l) Does Applicant maintain quality control procedures? Yes No
If yes, please give brief outline of such procedures: _____

- (m) Does Applicant maintain complete inventory records, shipment records and/or delivery records to consignees and are serial and/or batch numbers shown on the finished product and on shipment invoices? Yes No
- (n) Can the date of manufacture of each product, be identified by the factory number stamped on it? Yes No
- (o) Has Applicant ever recalled any products for any reason or been ordered to so by any Government Authority? Yes No
- (p) Have any products been withdrawn or discontinued during the past five years? Yes No
If yes, state details: _____

- (q) What will be the end use of these products? _____

13. Contractual or Assumed Liability

- (a) Describe all contracts or agreements giving the date of such instruments, name(s) of other contracting parties and the contract costs involved, if any: _____

Note: Submit copies of the hold-harmless provisions of all instruments.

It is not necessary to list easement agreements not in connection with railroad grade crossings, agreements required by municipal ordinance not involving work for the municipality, lease of premises agreements or elevator or escalator maintenance agreements.

- (b) Does the Applicant ever assume liability for the sole negligence of indemnities? Yes No
(i.e. the other contracting party)

If "yes", attach copies of the agreement(s) and give details as to the qualifications, experience, insurance coverages and limits of all such indemnities.
- (c) Does the Applicant ever enter into purchase order agreements with distributors or others which contain any element of contractual/assumed liability? Yes No

If "yes", attach copies of such purchase order forms.



14. Protective Liability

(a) Does the Applicant let or sublet any work to independent contractors? Yes No
If yes, what is the annual cost of work let? \$ _____ Sublet? _____
Describe the types of work let or sublet: _____

(b) Are independent contractors who perform work on behalf of the applicant required to carry commercial general liability insurance including products/completed operations coverage? Yes No
If yes, what does the applicant consider to be the minimum acceptable limit(s) of liability (i.e. amount of coverage)? \$ _____

(c) Are liability insurance certificates secured from all independent contractors before they are allowed to begin working? Yes No

(d) Does the Applicant enter into formal contractual agreements with independent contractors? Yes No
If yes, do these agreements contain a "hold-harmless" provision in the Applicants favor? Yes No

15. Professional Liability

Does the Applicant have other professional errors or omissions or malpractice exposure? Yes No
If yes, describe in full: _____

16. Worker's Compensation

(a) Are all employees covered by Worker's Compensation? Yes No
If no, please explain: _____
hshs _____

(b) Does Applicant comply with all Workplace Hazardous Materials Information System (WHMIS) regulations? Yes No
If no, please explain: _____

17. Liquor Liability

Do Applicant's operations include the serving of alcoholic beverages? Yes No
If yes, describe in full: _____

18. Aircraft & Watercraft

(a) Does the Applicant own, lease or operate any aircraft and/or watercraft? Yes No
If yes, give details: _____



19. Non-Owned Automobile

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

| Location | Partners, Officers and Employees who regularly use automobiles not owned by the Applicant in his business | | All Other Partners & Employees | All Applicant's Agents |
|----------|---|----------------------|--------------------------------|------------------------|
| | Number of Class "A1" | Number of Class "A2" | Number of Class "B" | Number of Class "C" |
| | | | | |

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

| Type of Automobile | Estimated Cost of Hired or Leased |
|--------------------|-----------------------------------|
| | |

(c) Automobiles operated under contract on behalf of the Applicant are as follows:

| Type of Automobile and Description of Use | Estimated Contract Cost |
|---|-------------------------|
| | |

Limits carried on underlying policies:

| Policy | Limit |
|--------|-------|
| | |

20. Are there any swimming pools, saunas, gym and other recreations or athletic activities? Yes No
 If yes, advise type, number and other activities: _____

21. Give details of all liability insurance carried during past three years:

| Type of Policy | Policy Number | Company | Expiry Date | Limits |
|----------------|---------------|---------|-------------|--------|
| | | | | |
| | | | | |
| | | | | |



22. Give details of all claims against the Applicant during the past five years:

| Date of Accident | Amount | | Details |
|------------------|--------|-------------|---------|
| | Paid | Outstanding | |
| | | | |
| | | | |
| | | | |
| | | | |

23. Do these paid or outstanding amounts reflect any deductible provision(s) contained in existing or previous insurance policies?
 Yes No

If yes, to what coverage(s) does/did the deductibles apply and what is/was the deductible amount?

Additional Information: _____

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

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 _____