



Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

Website: www.tottengroup.com

COMMERCIAL LIABILITY APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Business Name _____

Principal(s) _____

Subsidiaries, Partners and Joint Ventures: _____

Mailing Address _____

Website Address _____

Applicant is: Individual Partnership Corporation Joint Venture

Other - _____

of Years in Business _____ # of Years Experience _____

If new operation/company, describe work experience of the principals: _____

Loss Experience (5 years)

Date _____ Reserve _____ Paid _____ Expenses _____ Closed Yes No

Details _____

Date _____ Reserve _____ Paid _____ Expenses _____ Closed Yes No

Details _____

Date _____ Reserve _____ Paid _____ Expenses _____ Closed Yes No

Details _____

Provide details of all liability insurance carried:

Name of Insurer	Policy Limit	Deductible	Period	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is renewal being offered? Yes No If no, explain _____



LIABILITY INFORMATION

Operations

Full Description of Each Operation	Gross Receipts (including subcontractors)		
	Estimate Next Year	Current Year	Prior Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

% U.S. _____ % Foreign _____ Details _____

Area of Operation: _____

Foreign Operations Does Insured have any U.S. or other foreign sales or operations? (If yes, please supply:) Yes No

Sales to	Gross Receipts	Description of Work/Product
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you anticipate in entering other operations during the term? Yes No

If yes, please explain _____

Does the Insured engage in any of the following operations:

- Caisson Excavation Raising or moving Tunneling
- Cranes, use of Explosives/blasting Roofing Underpinning
- Demolition or wrecking Pile driving Shoring Welding or cutting
- Other _____

Any operations conducted at other owned or leased premises? Yes No

Any installation or repairs performed away from premises? Yes No

If yes, describe _____

Employees # Full time _____ # Part time _____ # Clerical _____ Payroll _____

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

If no, provide details split between different types of occupation /number of employees/payroll

Subcontractors Work Sublet? Yes No If "yes", estimated receipts: _____

Description _____

Are "Certificates of Insurance" obtained from all subcontractors? Yes No

Is a formal contractual agreement entered into with sub-contractors? Yes No

If Yes, is a hold harmless in your favour? Yes No

(If Yes, submit a copy of the usual contract form, if possible)

Is any work covered under Wrap? Yes No Estimated Receipts _____



Additional Locations List locations and occupations:

	Address	% occupied by Applicant	Square Footage	R/Cost of Rented Portion
1	_____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____	_____
2	_____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____	_____
3	_____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____	_____
4	_____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____	_____

Is Tenants Legal Liability required? Yes No
 If Yes, state limits required for each location _____

Automobile

Provide details of unlicensed automobiles or specially licensed automobiles for which compulsory automobile insurance does not apply?

Is there an automobile policy covering these vehicles? Yes No
 How many employees regularly drive their own vehicles on company business? _____
 What is the cost of hired automobiles? _____

Aircraft Does the Insured do any work on airport premises? Yes No
 Is there any aircraft exposure by way of ownership, maintenance, use or operation of any aircraft by or on behalf of the Applicant?
 Yes No
 If yes, please describe _____

Watercraft

Is there any owned or non-owned watercraft exposure or ownership, maintenance, use or operation of any watercraft by or on behalf of the Applicant? Yes No
 If yes, please describe _____

Professionals Are there any Architects, Engineers, Doctors or similar professionals on staff? Yes No
 If yes, please describe _____
 Do these professionals have separate professional liability policies? Yes No

Contractual Obligations

Are there any known contractual obligations where the Applicant has to provide insurance on behalf of another or hold another harmless? If yes, please list all lease agreements, railway siding agreements, etc. & provide copies of agreements. Yes No
 Are there any additional Insureds to be added to the policy? Yes No
 If yes, list and state purpose:

Name	In Connection With
_____	_____
_____	_____

Is an Umbrella or Excess Policy required? Yes No
 If an Excess policy is required, please state the total limits required _____
 If an Umbrella policy is required, please complete an Umbrella application.

Brochures Attached To Follow
Current Limit _____ Occurrence Form Claims Made Form
Current Deductible _____ PD BI & PD PD (Per Claimant) BI & PD (Per Claimant)



Please provide any additional information that may be pertinent in the assessment of this applicant?

BROKER INFORMATION

Is this account NEW to your office? Yes No If no, how long have you known the applicant? _____

Is the operation financially sound? Yes No Do you recommend this applicant? Yes No

Current expiry date? _____ Expiring Premium _____ Renewal Premium _____

Other markets approached _____

Comments: _____

Signatures

(Signature of Insured)

(Position in Organization)

(Date)

(Signature of Broker)

(Date)

Name of Insurance Brokerage

Complete address of Insurance Brokerage