



**COMPREHENSIVE GENERAL LIABILITY
QUESTIONNAIRE**

APPLICANT

1. Name of applicant (and all subsidiaries):

2. Address:

BUSINESS INFORMATION

3. Description of operations:

4. Number of years in business:
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5. Present Insurer: Premium

6. Buildings or premises and addresses:
Location(s):
1)
2)
3)

If owned give area occupied by YOU – OTHERS:

If rented, give area occupied by YOU - ANNUAL RENT:

7. Products Liability:
 - a) Give total estimated annual sales:

 - b) Provide brochures and sales literature if available:

 - c) Nature of product(s):

 - d) Total Sales:

 - e) Proportion of product sold but not manufactured:

 - l) Proportion of foreign sales and describe country:

8. Completed operations (give total estimated annual receipts including cost of materials and labour):

Type of Operation	Total Receipts
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9. Estimated annual payroll:

- a) Clerical and administration:
- b) Salesmen (in and out):
- c) Manufacturing or plant:
- d) Installation or erection:
- e) Servicing
- f) Warehouse including shipping:

10. Total number of employees:

11. Number of employees who are not subject to Workmen's Compensation Act:

12. Elevators (owner or for which you are responsible by lease agreement):

Location(s):

Number(s):

Type (passenger and/or freight elevator):

13. Independent contractors (give estimated cost of work given to independent contractors):

a) As owner of buildings, repair and maintenance:

b) As a general contractor or contractor:

c) Others (describe):

14. Contractual Liability:

I. Railway sidings; crossings or right of ways:

a) Give name of railway company:

b) Name:

c) Location(s):

II Other Agreements whereby liability is assumed:

a) Give nature:

b) Submit copy(ies) of agreement(s):

15 Special premises or operations hazards (give description on separate sheet where necessary):

a) Watercraft:

Owned or Chartered:

Type:

Number:

Length:

HP:

b) Private Docks or Wharfs:

Location(s):

Number:

c) Swimming Pool:

Location(s):

Number:

Size:

d) Private Roads:

Location(s):

Number:

Mileage:

e) Mechanical truck loading or unloading facilities:

f) Radioactive Material: Nature:

Use:

g) Number of aircraft leased or chartered during the year: Cost:

h) Give description and location of any dams, water stave lines, private railroads:

i) Give percentage (%) of the following operations:

Blasting: %

Wrecking or Demolition: %

Shoring or Underpinning: %

Pile Driving: %

Logging: %

16. Non-Owned Automobile - give number of employees using their cars on Company business:

Regularly Occasionally

Give estimated annual cost of hired cars:

Give estimated annual cost of cars operated under contract:

17. Accident prevention and first aid:
- a) First Aid posts:

Doctors	Full Time	Part Time
Nurses	Full Time	Part Time
 - b) Fire Alarm:
Other Warning Systems:
 - c) Is a security officer or loss prevention engineer employed?
Yes: No:

18. Liability claims (last 5years):

Give list of claims and their nature, ie Third Party Bodily Injury or Property Damage (or Injury to Employees, other than when covered by Workmen's Compensation):

Description	Type	Amount
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Coverage Requirements:

Limit: \$	Deductible: \$
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The applicant certifies that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant:

By:

Date: