

NEW BUSINESS APPLICATION FOR CASUALTY COVERAGE

**Please complete all sections – if no answer available, write 'not applicable' in space provided.
Where space provided is insufficient to fully answer, please attach additional sheet(s).**

General Information

1. Name of Applicant: _____ Incorporation Number _____ Date Established ____/____/____
2. Contact Name: _____ Web Site _____
3. Address of Main Office: _____ Phone: ____-____-_____
(street line 1) _____ Fax: ____-____-_____
(city) _____ (province) _____ E-mail: _____
(postal code) _____
4. Purpose of organization and nature of operations / services provided:

5. Does the organization own or occupy any locations or have any activities outside of Canada?
 Yes No If yes, provide full details:

6. Has any similar insurance on behalf of the organization been declined, cancelled or non-renewed?
 Yes No If yes, provide full details:

Insurance History

Current P&C Insurer: _____ Policy #: _____ Expiry: ____/____/____

Claims Details: _____
 none _____

General Liability

1. Does the organization own any real property (buildings, land, etc.)?

Yes No If yes, provide full details:

2. Does the organization own, hire, employ or operate aircraft or watercraft?

Yes No If yes, provide full details:

3. Does the organization operate a retail outlet, restaurant or similar premise?

Yes No If yes, provide full details:

4. Does the organization promote, organize or sponsor events or functions where alcohol is served other than that which would be incidental such as a directors meeting at a licensed restaurant?

Yes No If yes, provide full details:

5. Does the organization promote, organize or sponsor any sporting, recreational or entertainment events or own, control or provide facilities for such?

Yes No If yes, provide full details:

6. Does the organization promote, organize or sponsor any function or event that would involve the use of fireworks or any other inherently dangerous or hazardous material?

Yes No If yes, provide full details:

7. Does the organizations activities involve any workmanship or services (eg. snow shoveling, maintenance or repairs, etc.) for others, whether paid or not?

Yes No If yes, provide full details:

8. Does the organization sell or otherwise distribute any goods (including foods at meetings or events) whether such goods are produced by others or not?

Yes No If yes, provide full details:

9. Will volunteers use their personal vehicles for purposes on behalf of the organization?

Yes No If yes, provide full details:

10. Does property of others enter into the care, custody or control of the organization, even if only temporarily (such as equipment rentals or otherwise)?

Yes No If yes, provide full details:

11. What coverage items and limits are required?

Commercial General: \$_____

Non-Owned Automobile: \$_____

Tenant's Legal: \$_____

Employee Benefits: \$_____

Other: \$_____ Describe: _____

DECLARATION

The undersigned declares that all statements made in this application and the information contained in documents submitted within it are true. Signing of this document does not bind the applicant or the insurance company to engage in an insurance contract, but it is agreed that this application shall be the basis of the contract should an insurance policy be subsequently issued.

Signature

Title or Position

Date

**MUST BE SIGNED BY THE
PRESIDENT OR CHAIRMAN OF THE
BOARD OR EXECUTIVE DIRECTOR**