

Application for Commercial General Liability Ins. *Atlantic Marine Underwriters Inc.*

*Atlantic Marine Underwriters Inc., Atlantic House, 223 Kent Street West, Lindsay, Ontario K9V 2Z1
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A) Applicant

- 1) Name of Applicant: _____
- 2) Address of Applicant: _____ Postal Code: _____
- 3) Applicant is:

-Corporation	()	-Individual	()
-Partnership	()	-Other	()
- 4) Description of Operations: _____

- 5) Year of Incorporation or Number of Years in Business: _____
- 6) Name and Address of Subsidiaries (Domestic and Foreign): _____

B) Operations

1) Applicant	Description of Operations	Annual Payroll	Annual Sales or Revenue	Number of Employees
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
2) Percentage of Works which is:	Residential _____%	Commercial _____%	Industrial _____%	
3) Subsidiaries	Description of Operations	Annual Payroll	Annual Sales or Revenue	Number of Employees
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C) Insurance Requirements

- 1) Effective Date: _____
- 2) Limit of Liability: \$ _____
- 3) Property Damage Deductible: \$ _____
- 4) Has any insurer refused or cancelled a contract of insurance?
 Yes () No () If Yes, Why? _____
- 5) Current Insurer: _____
- 6) Current Premium: _____
- 7) Target Premium: _____

D) Buildings or Premises

Describe all building owned, rented or used by the applicant or its subsidiaries:

Address	Occupancy	Construction	Area	Owned or Rented
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

continue next

- 1) Specify the percentage occupied in each building:

By the Applicant
(If Applicant is Owner)

By Others
(If Applicant is Owner)

By the Applicant
(If Applicant is Tenant)

2) Is the Applicant the Owner, Lessee or Responsible for:

a) Billboards Yes () No () If Yes, specify: Number, Type and Location _____

b) Freight or passenger elevators Yes () No ()
If yes, specify: Number, Type and Location _____

c) Vacant Lots Yes () No () If yes, specify: Location and area _____

d) Owned Watercraft Yes () No ()
Leased Watercraft Yes () No ()
If yes, specify: number, type, length and H.P. _____

e) Owned Aircraft Yes () No ()
Leased Aircraft Yes () No ()
If yes, specify: Number and cost of leasing (if any) _____

E) Independent Contractors

1) Does the applicant hire subcontractors? Yes () No ()

2) If yes, describe type of work and give estimated annual cost: _____

3) Does the applicant require proof of adequate liability Insurance? Yes () No ()

F) Property Leased to Others

1) Does the applicant lease equipment or material to others? Yes () No ()

2) If yes, what is the annual revenue? _____

3) If yes, describe the property leased: _____

G) Contractual Liability

1) Does the applicant assume any liability by contract for railway sidetracks, railroad crossings or others? Yes () No ()

2) If yes, specify number, name of company and location: _____

3) If yes, provide copies of leases or agreements. Included () Not Included ()

H) Products Liability

1) List by category all products manufactured, sold, handled or distributed by the applicant:

Annual Sales _____

Annual Sales _____

Annual Sales _____

2) Provide percentage breakdown of annual sales or revenue: In Canada _____%
Products sold or intended for sale in U.S.A. _____% Products sold or intended for sale in other countries _____%
Specify Countries _____

continue next

3) Describe operations performed away from the applicant's premises: _____

4) Describe fully products whose manufacturing has ceased. Give the reason for discontinuance, and annual sales in last year of production: _____

Does the applicant have operations outside Canada? Yes () No ()

If yes, in which countries and to what extent? _____

6) Has the applicant included brochures or other relevant documents pertaining to the products? Yes () No ()

7) Do any products or operations imply use of radio-isotopes or radioactivity? Yes () No ()

I) Automobile Liability

1) Number of private vehicles _____

2) Number of commercial vehicles: Light _____ Heavy _____
Motorized equipment _____ Trailers _____ Buses _____

3) Are any vehicles used for transportation over a radius of 85 km? Yes () No ()

Is transportation done for others? Yes () No ()

- Across the Canada? If yes, which provinces _____

- In the United States? If yes, which states _____

- If yes, specify Applicants Products Products of Others Both
() () ()

4) Are vehicles used in the transportation of flammable, caustic, toxic or explosive substances? Yes () No ()

5) Are there any non-owned vehicles? Yes () No ()

If yes, specify: Number _____ Use _____

J) Other Exposures

Is the applicant exposed to any of the following risks?

- | | | |
|---|---------|--------|
| 1) Building Collapse | Yes () | No () |
| 2) Caisson Work | Yes () | No () |
| 3) Demolition or wrecking | Yes () | No () |
| 4) Excavation | Yes () | No () |
| 5) Use of explosives (if so, describe fully)* | Yes () | No () |
| 6) Pollution | Yes () | No () |
| 7) Nuclear Energy | Yes () | No () |
| 8) Welding | Yes () | No () |
| 9) Pile Driving | Yes () | No () |
| 10) Underground Work | Yes () | No () |
| 11) Underpinning | Yes () | No () |
| 12) Weakening or Removal of Supports | Yes () | No () |
| 13) Airport or Port Operations | Yes () | No () |
| 14) Advertising | Yes () | No () |

Description _____

Annual Expenditures over \$10,000: \$ _____ Advertising: \$ _____

Description of unusual advertising activities (i.e.: contests, exhibits, etc...): _____

* Use of explosives: _____

continue next

K) Employers Liability

1) Is government workmen's compensation insurance available in all provinces which the applicant does business?

Yes () No () Are all employees covered? Yes () No ()

L) Professional Liability

Does the applicant employ recognized professionals, operate a hospital, clinic or first aid facility? Yes () No ()
If yes, specify the number of: Doctors _____ Nurses _____ Others _____

M) Previous Losses

List all claims (greater than \$10,000) that occurred within the last 5 years (whether insured or not or pending claims) and give a brief description of each loss, its date and amounts paid or outstanding:

Date and Description	Paid Amount	Outstanding Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Area for Supplementary Comments:

The applicant certifies that the above statements and facts are true and that no information has been withheld. Completion of this application does not bind the insurer to provide the insurance.

Date: _____ Signature of Applicant: _____