

LIABILITY – SURVEY OF HAZARDS

Broker: _____ **Date:** _____

(1A) Full Names of All Applicants:

(1B) Names of Principals: _____

(2) Mailing Address: _____

(3A) Business: (1) Describe all operations in detail _____

(2) Attach brochure(s) if any. _____

(3) Any U.S. exposure? If so, describe _____

(4) Any other foreign country exposure? If so, describe _____

(3B) How long in business: _____

(3C) Financial: Attach a copy of the latest audited financial statement.

(3D) Contact Name and Phone No.: _____

(For inspection purposes)

(4) Location of Premises: _____ **Fully describe operations at each location**

(a) _____ (a) _____

(b) _____ (b) _____

(c) _____ (c) _____

(5) Elevators – Escalators:

Number

Location

Description

(a) _____

(b) _____

(c) _____

(6) Are any of the above premises leased or rented in their entirety to others who control and operate the premises? _____

(7) (a) Detail fully, area(s) in which operations are conducted: _____

(b) Any U.S. Exposure _____ **if yes, extent** _____

(c) Any U.S. Installation, _____ **if yes, extent** _____

- (15A) Are all employees covered by Workmen's Compensation? Yes No
 If No,
 (1) give number and types of employees not covered by Workers Compensation _____

 (2) Actual payroll of these employees \$ _____
- (15B) Is Employers' Liability required? Yes No
 If yes, advise number and occupation of employee: _____
- (15C) Is Voluntary Compensation required? Yes No
 If yes, indicate limit of liability required \$ _____
- (16) Tenants Legal Liability
 (a) Location of premises: _____
 (b) Amount to be insured: \$ _____
 (c) Is there a lease agreement? Yes No
 If yes, provide copy. _____
- (17) Is there any use of radioactive materials? Yes No
- (18) Do you operate a hospital or employ a physician, surgeon, dentist or healthcare worker? Yes No
 If yes, specify number of employees by their profession: _____

- (19) Do you operate any aircraft or watercraft? Yes No
- (20) Do you charter, rent or lease any aircraft or watercraft? Yes No
- (21) Do you engage in any of the following operations?
 (a) Demolition or wrecking Yes No
 (b) Shoring Yes No
 (c) Underpinning Yes No
 (d) Caisson Work Yes No
 (e) Excavation Yes No
 (f) Use of Explosives Yes No
 (g) Raising or moving of buildings and structures Yes No
 (h) Tunneling Yes No
 (i) Welding Yes No
- (22) Details of operations involving the use of welding equipment, blowtorches, or other similar equipment away from premises owned, occupied or used by the insured. _____

- (23A) Does Forest Fires Prevention Act apply? Yes No
- (23B) Do you have special agreements with Dept. of Lands and Forests? Yes No

(8) Products manufactured, handled, sold and distributed - indicate type and gross sales and complete the attached Products Liability Insurance Supplement.

<u>Type of Product</u>	<u>Gross Annual Sales</u>		
	<u>Canada</u>	<u>U.S.</u>	<u>Other</u>
(a) _____	\$ _____	\$ _____	\$ _____
(b) _____	\$ _____	\$ _____	\$ _____
(c) _____	\$ _____	\$ _____	\$ _____

(9) Detail fully and breakdown type(s) of operations and work performed by Insured:

<u>Operation</u> (Including split by country)	<u>Payroll</u>	<u>Gross Annual Receipt</u>
(a) _____	\$ _____	\$ _____
(b) _____	\$ _____	\$ _____
(c) _____	\$ _____	\$ _____
(d) _____	\$ _____	\$ _____
(e) _____	\$ _____	\$ _____

(10) Contractual: List all lease agreements, railway siding agreements etc.
(Obtain copies of agreements where possible).

- (a) _____
- (b) _____
- (c) _____

(11) Contractors Protective: A) Cost of work Sub-Let: \$ _____
B) Type of Work? _____

- (12) Are sub-contractors required to carry liability insurance? Yes No
If yes, specify required limits _____
- (13) Do you ask sub-contractors to submit liability certificates? Yes No
- (14) Do you enter into formal contractual agreements with your sub-contractors? Yes No
If so do you include a "Hold Harmless" clause in your favour? Yes No
Submit copy of usual contract form. _____

(24) STATE LIMITS OF LIABILITY REQUIRED

\$ _____ Inclusive Limit

Each Occurrence & Aggregate Products/Completed Operations

N.B. It is the right of the Insurer to modify or delete any of the above by endorsement.

CHECK (√) ADDITIONAL COVERAGE REQUIRED

- _____ Broad Form Vendors
- _____ Employee Benefits E&O Limit:\$ _____
- _____ SEF/OEF/QEF #94 - PP & LC only Limit:\$ _____
- _____ Employers Liability Limit:\$ _____
- _____ Voluntary Compensation
- _____ Forest Fire Fighting Expense Limit: \$ _____
- _____ Other (specify) _____

Previous Insurer: _____ Expiring Premium \$ _____
 Policy No. _____ Expiry Date: _____

Will they renew? Yes No

If no, give reason for non-renewal _____

Provide claims experience or events that may give rise to a claim for last five (5) years: (give details on any claims including expenses, exceeding \$500.)

Date	B.I or P.D	Description	Amount Paid	Expenses Paid	Amount O/S
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

When was above loss information updated with the Insurer(s)? _____

The Policy may be deemed to be void and claims may be deemed not covered where:

1. An applicant for a contract:
 - a) gives false or erroneous information to the prejudice of the Insurer, or
 - b) knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein: or
2. The Insured contravenes a term of the Contract or commits a fraud; or
3. The Insured willfully makes a false statement in respect of a claim under the Contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

DATE (DD/MM/YY):

SIGNATURE OF APPLICANT:

PRINT NAME OF APPLICANT AND TITLE

QUESTIONS TO BE ANSWERED BY BROKER

1. Do you know the Applicant personally? _____

If so, for how long? _____

2. Did you receive the order direct from the Applicant? _____

If no, from whom and why? _____

3. Do you handle other Insurance for Applicant? _____

4. Do you recommend this risk in every respect? _____

5. Is this risk a renewal to your Office? _____

If so, how long have you placed insurance on this risk? _____

DATE: _____

BROKER'S SIGNATURE: _____