



Professional Insurance Underwriting
and Marketing through Service
Integrity and Stability

Fax 1-877-FAX2SWG
(1-877-329-2794)

www.swgins.com

CGL RENEWAL APPLICATION

Broker _____ Date _____
 Insured _____
 Policy # _____
 Expiry _____

PLEASE COMPLETE AND RETURN TO OUR OFFICE AT LEAST 2 WEEKS PRIOR TO RENEWAL DATE.

EMPLOYEES

Executive		(number)	\$	actual payroll
Clerical		(number)	\$	actual payroll
Shop		(number)	\$	actual payroll
Field		(number)	\$	actual payroll
Other (clarify)		(number)	\$	actual payroll

ANNUAL SALES / RECEIPTS

\$	Actual (past term)
\$	Estimated (coming term)
\$	USA
\$	Foreign (other than USA – details)

FOREIGN /U.S.A SALES (Full Details) _____

SUB CONTRACTORS \$ _____ estimated annual receipts not to be included as part of total
Receipts – but in addition to same

DETAILS OF WORK SUBLET _____

WORK AWAY FROM INSURED'S OWN PREMISES _____ % Details _____

Are certificates of Insurance obtained from all sub – contractors? Yes No

Any change in operation during the past year? (Explain new, discontinued or change in method or products _____)

Any new subsidiaries or locations in past year Yes No Details _____

Operation in other provinces? Yes No If so, where? _____

All employees covered by Workmen's Compensation? Yes No

Specify any exceptions _____

Work done in Petro Chemical Plants _____ % Explain _____

Explain work with gas, propane or on gas lines _____

Split of Business Residential _____ % Commercial _____ % Industrial _____ %

Does Insured lease or maintain own garage facilities? Yes No

Any elevators or escalators on premises? Yes No

Details _____

Any aircraft or watercraft exposures? Yes No

Details _____

NON – OWNED AUTOMOBILE _____

Number of staff regularly using cars on company business _____

Payments for hired / rented vehicles annually? Trucks _____ Cars _____

Date _____ Signed _____

SUBMITTED BY: _____

E-MAIL: _____

Submit