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## COMMERCIAL GENERAL LIABILITY APPLICATION

Agency/Broker \_\_\_\_\_ Producer \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other Specify \_\_\_\_\_

1. a. Name of Insured \_\_\_\_\_
- b. Names of Principals \_\_\_\_\_
- c. Subsidiaries, Partners and Joint Ventures \_\_\_\_\_

2. Postal address of Applicant

3. a. Number of years in Business \_\_\_\_\_
- b. Years of Experience \_\_\_\_\_
- c. If new operation / company, describe work experience of the principals \_\_\_\_\_

4. Number of Employees \_\_\_\_\_

5. Are all employees covered by Worker's Compensation?  Yes  No

If no, provide details split between different types of occupation / number of employees / payroll

6. a.	Description of Insured's Operations	Actual Receipts Past 12 Months	Estimated Annual Next 12 Months	Estimated Payroll Next 12 Months

b. Percentage split of      On premises \_\_\_\_%      Off premises \_\_\_\_%

c. Do any of the described operations involve the use or application of heat?  Yes  No

If Yes, Describe: \_\_\_\_\_

d. Area of operation \_\_\_\_\_

e. Does Insured have any U. S. or other foreign sales or operations?  Yes  No

If yes, please supply:

Sales to	Gross Receipts	Description of Work/Product

f. Do you anticipate entering into other operations during the term?  Yes  No

If yes, please explain \_\_\_\_\_

7. Does the Applicant engage in any of the following operations

- |   |  |
|---|--|
| <input type="checkbox"/> Demolition or wrecking       | <input type="checkbox"/> Tunneling                       |
| <input type="checkbox"/> Shoring                      | <input type="checkbox"/> Welding or cutting * (see 8 b.) |
| <input type="checkbox"/> Underpinning                 | <input type="checkbox"/> Pile driving                    |
| <input type="checkbox"/> Caisson                      | <input type="checkbox"/> Roofing                         |
| <input type="checkbox"/> Excavation                   | <input type="checkbox"/> Cranes, use of                  |
| <input type="checkbox"/> Use of explosives / blasting | <input type="checkbox"/> Raising or moving               |
| <input type="checkbox"/> Other _____                  |  |

8. a. Work Sublet?  Yes  No If "yes", estimated receipts \$ \_\_\_\_\_

b. If Welding or cutting operations are declared above, please provide percentage split of:

On Premises \_\_\_\_\_ % Off Premises \_\_\_\_\_ %

- c. Are sub-contractors required to carry liability insurance?  Yes  No
- d. Are sub-contractors required to submit liability certificates?  Yes  No
- e. Is a formal contractual agreement entered into with sub-contractors?  Yes  No
- f. Is any work covered under Wrap?  Yes  No

Estimated Receipts \$ \_\_\_\_\_

If the answer to e) is Yes, is a hold harmless in your favour?  
Submit a copy of the usual contract form, if possible.

9. a. List locations and occupancies

Address	100% occupied by Applicant	Owned or Rented	Square Footage	Replacement Cost if rented, of Rented Portion

b. Is Tenants Legal Liability required?  Yes  No

If Yes, state limits required for each location

10. a. Provide details of unlicensed automobiles or specially licensed automobiles for which compulsory automobile insurance does not apply?

b. Is there an automobile policy covering these vehicles?  Yes  No

11. a. How many employees regularly drive their own vehicles on company business?

b. What is the cost of hired automobiles? \_\_\_\_\_

12. a. Does the Applicant do any work on airport premises?  Yes  No

b. Is there any aircraft exposure by way of ownership, maintenance, use or operation of any aircraft by or on Behalf of the Applicant?  Yes  No

If yes, please describe \_\_\_\_\_

13. Is there any owned or non-owned watercraft exposure or ownership, maintenance, use  Yes  No or operation of any watercraft by or on behalf of the Applicant?

If yes, please describe \_\_\_\_\_

14. a. Are there any Architects, Engineers, Doctors or similar professionals on staff?  Yes  No

If yes, please describe \_\_\_\_\_

b. Do these professionals have separate liability policies?  Yes  No

15. Are there any known contractual obligations where the Applicant has to provide insurance  Yes  No on behalf of another or hold another harmless?

If yes, please list all lease agreements, railway siding agreements, etc. and provide copies of these agreements

16. Are there any additional Insureds to be added to the policy?  Yes  No

If yes, list and state purpose

Name	Connection With

17. Provide details of last five (5) years losses. Show all amounts "net" of deductible:

Date of Loss	Cause of Loss	Amount Paid	Amount Outstanding

18. a. Provide details of all liability insurance carried:

Name of Insurer	Policy Limit	Deductible	Period	Premium

b. Has any Insurer cancelled insurance on any risk to be insured or refused to renew?  Yes  No

19. Coverage Limit of Insurance required? \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

20. Is an Umbrella or Excess Policy required?  Yes  No

If an Excess policy is required, please state the total limits required \$ \_\_\_\_\_

If an Umbrella policy is required, please complete an Umbrella application

COMPLETED BY \_\_\_\_\_ DATE \_\_\_\_\_

INSURED'S SIGNATURE \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

E-MAIL: \_\_\_\_\_