



Commercial General Liability (CGL)

Proposal form



BROKER INFORMATION

Broker: _____ Date: _____
Full name of all insureds: _____
Names of principals: _____
Mailing address: _____

BUSINESS

Describe in full details: _____
Obtained brochure: _____
Any U.S. exposure? Y N If yes, please describe:

Any other foreign country exposure? If yes, please describe:

How many years in business? _____

Location of premises: _____ Fully describe operation at each location: _____

ELEVATORS - ESCALATORS

Numbers	Location	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are any of the above premises leased or rented in their entirety to others who control and operate the premises? Y N

Detail fully area in which operations are conducted: _____

Any U.S. exposure? Y N If yes, extent: _____

PRODUCTS MANUFACTURED, HANDLED, SOLD AND DISTRIBUTED

Type of Product	GROSS ANNUAL SALES		
	Canada Sales	U.S.A Sales	Foreign Sales
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Percentage of sub-let work: _____

Detail fully and break down types of operations and work performed by Insured:

Operation	Payroll	Gross Receipts
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONTRACTUAL

List all lease agreements, railway siding agreements etc. (obtain copies of agreements where possible)

Contractors Protective already in place? Y N

Are sub-contractors required to carry liability insurance? Y N

Do you ask sub-contractors to submit liability certificates? Y N

Do you enter into formal contractual agreements with your sub-contractors? Y N

If yes to the above, do you include a hold harmless clause in your favor? Y N

Are all employees covered by Worker's Compensation? Y N

If no:

• Give number of employees not covered by Workers Compensation: _____

• Actual payroll of these employees: _____

Is employer Legal Liability required? Y N

Is Voluntary compensation required? Y N If yes, please indicate limit of liability: _____

TENANTS LEGAL LIABILITY ***

Location of Premises: _____

Amount to be insured: _____

Is there a lease agreement? Y N If yes, obtain copy.

Is there any use of Radio Active materials? Y N

Do you operate a hospital or employ a physician, surgeon or dentist? Y N

Do you operate any aircraft? *** Y N

Do you charter, rent or lease any aircraft or watercraft? *** Y N

Do you engage in any of the following operations: ***

Demolition or wrecking? Y N Shoring Y N Underpinning Y N Caisson Work Y N

Excavation Y N Use of explosives Y N Raising or moving of buildings or structures Y N

Details of operations involving the use of welding equipment, blow torches or other similar equipment away from premises owned, occupied or used by the Insured:

Does the Forest Fires Prevention Act apply? Y N

Do you have special agreements with the Department of Lands and Forest? Y N

State limits liability required:

Each Occurrence: _____ Annual Aggregate: _____

CHECK COVERAGE REQUIRED

- Operations Y N
- Contractors Protective Y N
- Contractual (blanket) Y N
- Personal Injury Y N
- Contingent Employers Liability Y N
- Non-owned Automobiles ** Y N
- Products and Completed Operations Y N
- Owners Protective Y N
- Occurrence Basis Property Damage Y N
- Tenants Legal Liability *** Y N
- Broad Form Property Damage Y N
- Employee as Additional Insured Y N

Provide claims experience for last 5 years showing:

Date	Brief Details	Amount Paid	Amount Outstanding

Signed: _____ Date: _____

Note: ** Watch policy exclusions and consider non-owned coverages; complete forms
 *** Some lease agreements make tenants fully responsible for damage. Liability assumed under such an agreement is not covered by Tenants Legal Liability policy as it is specially excluded. Always obtain and review lease agreements.