



GENMARK INSURANCE SERVICES INC.

1670 Bayview Avenue, Suite 500, Toronto, Ontario M4G 3C2

Tel: 416-482-2089 Toll: 1-800-268-8929

Fax: 416-482-9800 Toll: 1-888-638-8822

www.genmarkinsurance.com

COMMERCIAL GENERAL PROPERTY & LIABILITY APPLICATION

| | |
|---------------------------|--|
| Broker: _____ | Date: _____ |
| Attn: _____ | Tel: # _____ Fax #: _____ |
| Insured: _____ | |
| Mailing Address: _____ | |
| Risk Loc. #1: _____ | |
| Payable to: _____ | |
| Structure Type | <input type="checkbox"/> Industrial Plaza <input type="checkbox"/> Strip Plaza <input type="checkbox"/> Commercial Condo <input type="checkbox"/> High-rise Commercial Building <input type="checkbox"/> Commercial/Residential Building <input type="checkbox"/> Other |
| Construction | # of Stories _____ Year Built _____ sq. ft. _____ sq. metres _____ Walls <input type="checkbox"/> Frame <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Masonry <input type="checkbox"/> Alum Siding <input type="checkbox"/> Stucco <input type="checkbox"/> Fire Resistive Floor <input type="checkbox"/> Concrete <input type="checkbox"/> Wood Joist <input type="checkbox"/> Cement <input type="checkbox"/> Other Roof <input type="checkbox"/> Wood Joist <input type="checkbox"/> Patent <input type="checkbox"/> Metal Clad <input type="checkbox"/> Tar Gravel <input type="checkbox"/> Concrete <input type="checkbox"/> Other Updates <input type="checkbox"/> Full <input type="checkbox"/> Partial Year _____ |
| Heating | <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Hot Air <input type="checkbox"/> Hot Water <input type="checkbox"/> Space Heater <input type="checkbox"/> Others <input type="checkbox"/> Oil tank (inside/Outside, above ground /in ground) Age of tank _____ *has oil tank been inspected by oil company? When? _____ <input type="checkbox"/> Wood heat stove – ULC/CSA approved , professional installed * Please provide a copy of wood-heat questionnaire for our reference. Updates <input type="checkbox"/> Full <input type="checkbox"/> Partial Year _____ |
| Electrical | <input type="checkbox"/> C/B <input type="checkbox"/> Fuses <input type="checkbox"/> Knob & Tube % _____ <input type="checkbox"/> amps Updates <input type="checkbox"/> Full <input type="checkbox"/> Partial Year _____ |
| Plumbing | <input type="checkbox"/> Copper <input type="checkbox"/> Plastic <input type="checkbox"/> Galvanized % _____ <input type="checkbox"/> Other Updates <input type="checkbox"/> Full <input type="checkbox"/> Partial Year _____ |
| Sump Pump | Age _____ |
| Protection | <input type="checkbox"/> Hydrant within 300 meters / 1000 feet <input type="checkbox"/> Firehall within 8 km <input type="checkbox"/> Unprotected |
| Sprinklered: | <input type="checkbox"/> Yes _____% <input type="checkbox"/> No Burglar Alarm – Central Station Monitored <input type="checkbox"/> Local <input type="checkbox"/> None <input type="checkbox"/> |
| Prior Carrier: | Policy # _____ Is renewal offered-if not why? _____ |
| Loss experience – 5 years | |

1. (a) Describe Business in Full Detail (Attach Brochures):

(b) Describe any U.S. Exposure:

(c) Describe any Other Foreign Exposure:

(d) Number of Years in Business:

(e) State Limits of Liability Required: Inclusive Limit: \$ Aggregate Limit: \$

(f) Is Medical Payments Coverage Required? Yes No Limit per Person: \$

2. Please Complete the Following:

| Location of Premises | Fully Describe Operations at Each Location | Tenants Legal Liability Limit |
|----------------------|--|-------------------------------|
| | | \$ |
| | | \$ |
| | | \$ |

3. Are any of the Above Premises or Portions Thereof Leased or Rented to Others? Yes No

If Yes, Which Locations?

4. Are Premises Equipped with Elevators, Escalators, Hoists, Similar Equipment, Swimming Pools or Other Recreational Facilities? Yes No If Yes, Please Complete the Following:

| Number | Description | Location |
|--------|-------------|----------|
| | | |
| | | |

5. If You Answer Yes to any of the Following, Please Provide Details Below:

(a) Does Anyone else Manufacture Your Product under Licence? Yes No

(b) Are any of Your Products Sold under Another Company's Name or Label? Yes No

(c) Do You Repackage the Products of Others? Yes No

(d) Have You Discontinued any Products or Operations in the Past? Yes No

(e) Do You Manufacture Products or Perform Operations According to Customer Specifications? Yes No

(f) Describe Quality Control and Inspection Procedures:

6. (a) Detail Fully and Break Down Types of Operations and Work Performed by Insured:

| Operation | Payroll | Gross Receipts |
|-----------|---------|----------------|
| | | |
| | | |

(b) Does Your Operation Involve the Use of any Flammable or Poisonous Materials? Yes No

If Yes, Please Describe:

7. Do You Engage in any of the Following Operations? If Yes to any of these Operations, Please Provide Details Below:

(a) Demolition or Wrecking Yes No

(b) Shoring Yes No

(c) Underpinning Yes No

(d) Caisson Work Yes No

(e) Excavating Yes No

(f) Tunnelling Yes No

(g) Use of Explosives Yes No

(h) Raising or Moving of Buildings and Structures Yes No

| | | | | | |
|---|--------------|-------------|-------------|------------------------------|-----------------------------|
| 8. Please Provide Details of Operations Involving the use of Welding Equipment, or Other Similar Equipment away from The Premises Owned, Occupied or Used by You: | | | | | |
| 9. Do You Rent or Lease Mechanical Equipment to or from Others? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| With or Without Operators? Yes <input type="checkbox"/> No <input type="checkbox"/> Please Provide Details, including Receipts or Costs: | | | | | |
| 10. List all Lease Agreement, Railway Siding Agreements etc. (Attach Copies of Contracts if Possible). | | | | | |
| 11. (a) Do You Sub-Let any Work? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please Describe: | | | | | |
| Cost of Work Sub-Let: \$ | | | | | |
| (b) Are Sub-Contractors Required to Carry Liability Insurance? | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) What minimum Limits are Sub-Contractors Required to Carry? | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) Do You Obtain Insurance Certificates from Sub-Contractors? | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) Are any Hold Harmless Agreements Given by You or in Your Favour? | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes to any of the following, Please Provide Details Below: | | | | | |
| 12. (a) Are all Employees Covered by Workers Compensation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| (b) If Answer to 12 (a) is No, Please: | | | | | |
| (i) Give Number of Employees Not Covered by Workers Compensation: | | | | | |
| (ii) Actual Payroll of these Employees: | | | | \$ | |
| (c) If Employers Liability Coverage is Required. Please Give Limit: | | | | \$ | |
| (d) Is Voluntary Compensation Coverage Required? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| If Yes to any of the following, Please Provide Details Below: | | | | | |
| 13. (a) Is there any Use of Radioactive Materials? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| (b) Do You Employ a Physician, Surgeon, Dentist, Nurse or Other Health Care Professional? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| (c) Do You Own or Operate any Aircraft or Watercraft? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| (d) Do You Charter, Rent or Lease any Aircraft or Watercraft? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| (e) Do You Sponsor or Conduct any Sports Activity, Public Entertainment, Exhibition or Convention? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| (f) Do You have Special Agreements with Government Agencies? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| (g) Does the Forest Fire Prevention Act Apply? Yes <input type="checkbox"/> No <input type="checkbox"/> Limit Required \$ | | | | | |
| 14. Please Provide Claims Experience for Past Five Years Whether Losses were Insured or Not. | | | | | |
| Date | B.I. or P.D. | Description | Amount Paid | Amount | |
| | | | | | |
| | | | | | |
| 15. Additional Comments: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 16. Coverage Required: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |