



Program endorsed by



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Application
Addendum
Commercial General Liability Insurance

ENCON offers Commercial General Liability Insurance only to applicants whose Professional Liability Insurance is placed through our firm.

1. Name of Applicant: _____

Unless otherwise indicated, the Named Insured shall read the same as indicated on the Professional Liability application to which this addendum is attached.

OR

Additional entities to which this insurance must apply (please list names and relationship to names listed in the Professional Liability application):

2. Form of Business: [] Individual [] Partnership or Joint Venture [] Corporation or Other Organization

3. List all locations at which business is conducted, providing details indicated below.

Table with 4 columns: Location/Address, Occupancy, Square Metres, Owned or Leased?

4. Provide employee information by classifications indicated below.

Table with 2 columns: Number of Employees, Annual Payroll
Executive _____
Clerical _____
Other _____

5. Indicate the number of employees domiciled in the United States: _____

6. Indicate the number, location, and function of any employees who are not covered under an applicable (provincial or other) Workers' Compensation Insurance Program.

7. Provide a complete description of the Applicant's:

- (a) Operations: _____

- (b) Products manufactured, distributed or sold: _____

- (c) Construction activities: _____

Provide details of hazardous operations or hazardous materials stored, handled, shipped or otherwise involved in the provision of services or products.

8. Provide the following information regarding annual sales, for each type of product or service.

Type of Product/Service	Past Fiscal Year	Estimated Current Fiscal Year	Estimated Next Fiscal Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. If services are rendered or products distributed outside Canada, provide a breakdown of sales for Canada, United States and foreign (indicate country). _____

10. Describe any work conducted away from the Applicant's premises in connection with repair, service, maintenance or installation of products sold or distributed.

11. Describe any of the following:

- (a) use of radioactive isotopes or material and provide details of Atomic Energy Control Board Licensing (if applicable):

- (b) any aircraft or watercraft owned, operated or maintained by the Applicant:

12. Describe any work or service performed on behalf of the Applicant by other contractors. Provide estimates of the annual cost of such work. Provide details of insurance which the Applicant contractually requires these contractors to carry, and by what method they are requested to provide evidence of such insurance.

13. Describe methods of advertising services and products and indicate the amount budgeted for expenditure. If your firm employs the services of advertising agencies, is the Applicant added as an additional insured under the agency's policies? Does the Applicant obtain evidence of such insurance?

14. Coverage Particulars

(a) Limit(s) of Liability requested: _____

(b) Property Damage Deductible(s) requested: _____

15. Extensions

(a) Tenants' Legal Liability

If tenants' legal liability is required, please respond to the following questions:

Please indicate the amount to be insured for each leased location listed in response to question 3.

(i) _____

(ii) _____

(iii) _____

(b) Non-owned Automobile Liability

If non-owned automobile coverage is required, please respond to the following questions:

(i) Please indicate the number of employees who regularly drive their own vehicle on company business:

(ii) Please indicate the approximate number of "rental days" in the next 12 months that your employees will rent a vehicle (short term) for the purpose of conducting company business in:

Canada: _____ United States: _____

(iii) Please state the typical value of a rented vehicle: _____

(iv) Please state the typical type of vehicle rented: _____

(c) Employee's Benefits Liability

(d) Employers' Liability

16. Insurance

(a) Name of Present Insurer: _____

(b) Policy Period: _____

17. Has any insurer cancelled, declined or refused to renew or issue insurance of the type applied for? YES NO

If yes, please provide details: _____

18. Claims History

Please detail liability claims or potential claims that have come to the Applicant's attention during the past three years. For each incident, detail the date of the loss, nature and cause of the claim, amount claimed, costs actually incurred (claim investigation, defence costs and damages) and status of the claim. Please use additional paper if necessary.

Additional Remarks: _____

It is understood and agreed that the completion of this application does not bind the Insurers to sell nor does it obligate the Applicant to purchase the insurance.

Signature of Applicant

Date