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Application

Commercial General Liability

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____

Name of Broker Contact: _____

Brokerage Address: _____ City: _____ Postal Code: _____

For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

Important: Detailed information and submission of all documents/plans requested will ensure a prompt response.
(Please type or print clearly.)

1. (a) Full names of all insureds: _____

(b) Names of Principals: _____

2. Mailing Address: _____

3. What is your current policy renewal date? _____

4. Please list your present insurer and policy number: _____

5. Business:

(a) Describe in full detail (brochure if available): _____

(b) How long in business? _____

6. (a) Location of premises:

(i) _____

(ii) _____

(iii) _____

(b) Fully describe operations at each location:

(i) _____

(ii) _____

(iii) _____

7. Are any of the above premises leased or rented in their entirety to others who control and operate the premises, elevators or boilers? YES NO

8. Has your company in the past performed or does it anticipate performing work in the forthcoming year:

(a) Outside Canada? YES NO

If yes, please provide details: _____

(b) In the Province of British Columbia? YES NO

If yes, please provide details: _____

9. Contractual - list all lease agreements, railway siding agreements, etc. (obtain copies of agreement where possible):

10. (a) Detail fully the types of operations and work performed (including work under wrap-ups if applicable) during the last 12 months:

Operation	\$ Performed (gross receipts)	Percentage Subcontracted
(i) _____	\$ _____	_____ %
(ii) _____	\$ _____	_____ %
(iii) _____	\$ _____	_____ %
(iv) _____	\$ _____	_____ %
(v) _____	\$ _____	_____ %
(vi) Work performed under wrap-ups	\$ _____	N/A

(b) Detail fully the types of operations and work to be performed during the next 12 months (i.e., the policy period for which this application is being made). Please include your estimated amount of work under wrap-ups if applicable:

Operation	\$ Performed (gross receipts)	Percentage Subcontracted
(i) _____	\$ _____	_____ %
(ii) _____	\$ _____	_____ %
(iii) _____	\$ _____	_____ %
(iv) _____	\$ _____	_____ %
(v) _____	\$ _____	_____ %
(vi) Work performed under wrap-ups	\$ _____	N/A

11. What type of work is sublet? _____

12. Are subcontractors required to submit liability insurance? YES NO

13. Are subcontractors required to submit liability certificates? YES NO

Limit \$ _____

14. Do you enter into formal contractual agreements with your subcontractor? YES NO

If yes, do you include a "hold harmless" clause in your favour? YES NO

Please submit copy of usual contract form.

15. Are all employees covered by Workers Compensation? YES NO

16. Tenant's Legal Liability:

(a) Location of premises: _____

(b) Amount to be insured: _____

(c) Is there a lease agreement? YES NO

If yes, please submit a copy.

Some lease agreements make tenants fully responsible for damage. Liability assumed under such an agreement is not covered by the T.L.L. policy, it is specifically excluded. Always obtain and review lease agreements.

17. Is there any use of radioactive materials? YES NO

18. Do you operate a medical facility or employ a physician, surgeon or dentist? YES NO

If yes, please provide details: Number of doctors _____

Number of nurses _____

19. Watercraft Exposure

(a) Do you own any watercraft? YES NO

If yes, please provide details on the type of watercraft and usage: _____

(b) Do you charter, rent or lease any watercraft? YES NO

If yes, please provide details on the type of watercraft and usage: _____

20. Do you charter, rent or lease any aircraft or watercraft? YES NO

If yes, a separate application is required.

21. Do you engage in any of the following operations?

demolition or wrecking

use of explosives

shoring

raising or moving

underpinning

tunnelling

caisson work

welding or torch cutting (on premises/off premises)

excavation

If yes, please provide details of work undertaken: _____

22. Provide claims experience for last three years, showing: Date, B.I. or P.D., Amount paid or outstanding. (Use back of form or separate sheet.)

23. State limits of liability required: _____

24. Deductible required: \$5,000 \$10,000 Other \$ _____

25. (a) Check coverage if required:

- Tenant's Legal Liability Limit: _____
- Non-owned Automobile Limit: _____
- Employee Benefits Liability Limit: _____
- Employer's Liability Limit: _____
- Forest Fire Fighting Expenses Limit: _____

(b) If non-owned automobile is required, please complete the following:

Employees	Number
(i) Class A (employee using private passenger or commercial vehicle)	_____
(ii) Class B (partner/officer)	_____
(iii) Class C (agent of insured)	_____

(c) Hired vehicles: Cost of hire \$ _____ Type of vehicle _____

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

If yes, please provide details: _____

Additional remarks:

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to ENCON Group Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize ENCON Group Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on ENCON's privacy policy, please contact privacy-officer@encon.ca.

DECLARATIONS AND SIGNATURE

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