



ENCON Group Inc.
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Renewal 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): _____

For use only by Insureds whose Commercial General Liability policy is already with ENCON Group Inc.

1. Named Insureds: As per expiring policy

2. What is your current policy renewal date? _____
3. (a) Location of premises:
 (i) _____
 (ii) _____
 (iii) _____
 (b) Fully describe operations at each location:
 (i) _____
 (ii) _____
 (iii) _____
4. 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: _____

5. (a) Detail fully the types of operations and work performed (including work under wrap-ups if applicable) during the last 12 months (these figures will be used to do the Premium Adjustment on the expiring policy if such policy is adjustable):

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

(b) Detail fully 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

6. Are subcontractors required to submit proof of CGL insurance for all your projects? YES NO

7. Are all your employees covered by Workers Compensation? YES NO

8. Watercraft Exposure

Do you own, charter, rent or lease any watercraft? YES NO

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

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

By You, the Named Insured

- demolition or wrecking
- use of explosives
- shoring
- raising or moving
- underpinning
- tunnelling
- caisson work
- welding or torch cutting (off your premises)
- excavation

By Your Subcontractors

- demolition or wrecking
- use of explosives
- shoring
- raising or moving
- underpinning
- tunnelling
- caisson work
- welding or torch cutting
- excavation

10. Have you in the past done or is it possible you may bid in the future on railway work (including light rail commuter systems)? YES NO

If yes, please provide details: _____

11. Please attach a list of contractor's equipment to this Application.

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