

11. Operations:

a) Please describe fully and break down the types of operations and work performed by the Applicant:

Operations	Estimated Annual Attendance	Estimated Gross Receipts for Coming Year

b) If the Insured has food and/or beverage sales, please indicate receipts: Food \$ _____
Alcohol \$ _____

c) Does the Insured have any discontinued operations? Yes No
If yes, please state details: _____

12. How long has Applicant been in business? _____

13. What specific expertise does the Applicant's employees and/or volunteers have related to the Applicant's business? _____

14. Products:

a) Estimated annual sales/receipts for each product manufactured (present and past), sold, handled or distributed by the Applicant:

Description of Product	Sales/Receipts		
	Canada	United States	Other (Specify)

b) Does the Insured have any withdrawn or discontinued products? Yes No
If yes, please state details: _____

c) What is the end use of these products? _____

15. a) Does the Insured sell any products, or carry out any operations in the United States? Yes No
If yes, please give full details: _____

b) Does the Insured sell any products, or carry out any operations outside of Canada or the United States? Yes No

If yes, please give full details: _____

16. Locations:

Location of all premises owned, rented, or controlled by Applicant	Area in Sq. Ft.	Interest of Applicant in such Premises (owner, landlord, tenant, etc.)

17. Contractual Liability

a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights? Yes No

If yes, please provide details: _____

b) If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract? Yes No

If yes, does the contract contain “hold harmless”, “waiver of subrogation” and “agreement to defend and indemnify” provisions in favour of the Insured? Yes No

If no, please advise procedures followed and details of contracts used: _____

c) If the Insured subcontracts out work to independent contractors or rents or leases premises to others including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured? Yes No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability? Yes No

d) If the Insured’s business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians? Yes No

If no, in whole or part, please explain: _____

If yes, in whole or part, please attach a copy of the waiver.

18. Protective Liability

Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?

If yes, what is the annual cost of work let? \$ _____ Sublet? \$ _____

Please describe the types of work let or sublet: _____

19. Professional Liability – Staff Employees and Contractors

Please list number of employees and duties: _____

20. Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation? Yes No

If no, please explain: _____

21. Liquor Liability

Do Applicant's operations include the serving of alcoholic beverages? Yes No

If yes, please describe in full: _____

Receipts: \$ _____

Is Liquor Server Awareness training required for all servers? Yes No

Are concessionaires serving alcohol on the Insured's premises? Yes No

22. Aircraft & Watercraft

Does the Applicant own, lease or operate any aircraft and/or watercraft? Yes No

If yes, please give details: _____

23. Non-Owned Automobile

a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? Yes No

If yes, please provide details: _____

b) Does the Insured rent or lease vehicles from others? Yes No

If yes (i) How often per year? _____ (per year)

(ii) Are any of these vehicles driven in the United States? Yes No

c) Does the Insured contract services from others? Yes No

If yes, please describe: _____

d) Does the Insured contract services from others for the purpose of operating vehicles to perform maintenance, service, haulage or snow removal operations? Yes No

24. Please give details of all liability insurance carried by the Insured during the past five years:

Type of Policy	Policy Number	Company	Expiry Date	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

25. Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.)

26. Please provide deductible or self-insured retention amounts for each year noted in question 25:

Do these paid, expensed, or outstanding amounts in the Insurer Loss Reports reflect any deductible provision(s) contained in existing or previous insurance policies? Yes No

27. Please attach a copy of the Insured's most recent audited financial statement.

28. Does the Insured have a formal loss-control program? Yes No

If yes, please provide details: _____

29. Does the Insured have a formal employee safety-training program? Yes No

If yes, please provide details: _____

30. Does the Insured have a formal premises snow/ice clearance procedure? Yes No

If yes, please provide details: _____

31. Does the Insured have a formal equipment or premises maintenance procedure? Yes No

If yes, please provide details including documentation procedures and qualifications of maintenance personnel: _____

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazard known to exist at the date of this application.

I/We declare that statements made herein are in every respect true and correct and hereby apply for contract insurance to be based upon the truth of said statements.

Name (Print)

Signature

Date

Agent/Broker: _____