

CGL APPLICATION

CHES Special Risk Inc. PO Box 78034 Meriline, Nepean, ON K2E 1B1 | 613-745-6100 | 1-416-452-7850 | Claims Reporting: 1-844-384-0867

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Date: _____

Broker:	
Full Name of All Insureds:	
Names of Principals:	
Mailing Address:	

Business	
a) Describe in full details:	
b) Obtained brochure:	
c) Any U.S. exposure? If so, please describe:	
d) Any other foreign country exposure? If so, please describe:	

How many years in business?	
Location of Premises	Fully describe operation at each location
#	
#	
#	
#	

Elevators – Escalators		
Numbers	Location	Description

Are any of the above premises leased or rented in their entirety to others who control and operate the premises? Yes No

Detail fully area in which operations are conducted:

Any U.S. exposure? Yes No

If yes, extent:

Products manufactured, handled, sold and distributed – indicate type:

Type of Product	Gross Annual Sales		
	Canada Sales	U.S.A Sales	Foreign Sales

Percentage of Sub-let work:

Detail fully and break down types of operations and work performed by Insured:

Operation	Payroll	Gross Receipts

Contractual: List all lease agreements, railway siding agreements etc. (obtain copies of agreements where possible)

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Contractors Protective already in place?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are sub-contractors required to carry liability insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ask sub-contractors to submit liability certificates?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you enter into formal contractual agreements with your sub-contractors?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, do you include a hold harmless clause in your favor? Submit copy of usual Form.		<input type="checkbox"/> Yes <input type="checkbox"/> No
a)	Are all employees covered by Worker's Compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	If no:	
	1) Give number of employees not covered by Workers Compensation:	
	2) Actual payroll of these employees:	
a)	Is Employer Legal Liability required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	Is Voluntary compensation required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "yes", please indicate limit of liability:	

Tenants Legal Liability ***		
a)	Location of Premises:	
b)	Amount to be insured:	
c)	Is there a lease agreement? (if yes, obtain copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any use of Radio Active materials?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you operate a hospital or employ a physician, surgeon or dentist?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you operate any aircraft? ***		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you charter, rent or lease any aircraft or watercraft? ***		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you engage in any of the following operations? ***		
Demolition or wrecking?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Shoring		<input type="checkbox"/> Yes <input type="checkbox"/> No
Underpinning		<input type="checkbox"/> Yes <input type="checkbox"/> No
Caisson Work		<input type="checkbox"/> Yes <input type="checkbox"/> No
Excavation		<input type="checkbox"/> Yes <input type="checkbox"/> No
Use of explosives		<input type="checkbox"/> Yes <input type="checkbox"/> No
Raising or moving of buildings or structures		<input type="checkbox"/> Yes <input type="checkbox"/> No

Details of operations involving the use of welding equipment, blow torches or other similar equipment away from premises owned, occupied or used by the Insured:		
Does the Forest Fires Prevention Act apply?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have special agreements with the Department of Lands and Forest?		<input type="checkbox"/> Yes <input type="checkbox"/> No
State limits liability required:		
Each Occurrence:		
Annual Aggregate:		

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Check Coverage required:			
Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Products and Completed Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contractors Protective	<input type="checkbox"/> Yes <input type="checkbox"/> No	Owners Protective	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contractual (blanket)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Occurrence Basis Property Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tenants Legal Liability ***	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contingent Employers Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Broad Form Property Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-owned Automobiles **	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee as Additional Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide claims experience for last 5 years showing:			
Date	Brief Details	Amount Paid	Amount Outstanding

NOTE:	
**	Watch policy exclusions and consider non-owned coverages; complete forms
***	Some lease agreements make tenants fully responsible for damage. Liability assumed under such an agreement is not covered by Tenants Legal Liability policy as it is specially excluded. Always obtain and review lease agreements.

Date: _____

Signed by: _____